



Office Use Only	
Customer #	

Address Change Authorization

Owner

Account Holders Name	Social Security Number (TIN)	Date of Birth
Street Address	City	State
Phone Number	Email Address	Zip Code
Customer Number _____		

Co-owner (if applicable)

Co-owners Name	Social Security Number (TIN)	Date of Birth
Street Address	City	State
Phone Number	Email Address	Zip Code

Confirmation

I understand by signing and submitting this Address Change Authorization, I am authorizing Converge Cornerstone Fund to update my records with the above changes to my address and personal information, as of the effective date listed, for use in all future transactions permitted correspondence. I certify that all the information provided by me is accurate and may be lied upon by Converge Cornerstone Fund.

Signature of Owner	Date
Signature of Co-owner	Date

Notary Public

This record was signed before me on _____ by _____ in the State of _____, County of _____.

Notary Signature _____ Affix seal/stamp here