Customer Account Information Change Request Form

IMPORTANT NOTICE

This form is used to request changes to customer account information. All requests are subject to identity verification, supervisory review, and approval. The Firm reserves the right to request additional documentation, reject or delay processing, restrict account, close account, or escalate suspicious activity.

1. Customer Identification

Full Legal Name:
(Current Name on Account) _____

Account Number: _____

Date of Birth _____

Last 4 Digits of SSN/Tax ID _____

Phone Number: _____

Email Address: _____

2. Requested Change(s)

✓	Category
	Legal Name Change
	Address Change
	Phone Number Change
	Email Address Change
	Marital Status Update

	Category
	Tax Residency / Withholding
	Trusted Contact Update
	Employment / Affiliation
	Investor Profile Update

	Other (Specify):

Details of Requested Change:

_____

_____

3. **Legal Name Change:** *Attach supporting documentation (ID, court order, marriage/divorce certificate).*

Previous Legal Name: _____

New Legal Name _____

Reason: ☐ **Marriage** ☐ **Divorce** ☐ **Court Order** ☐ **Other**

Reason: _____

Last 4 Digits of SSN/Tax ID _____

Phone Number: _____

Email Address: _____

4. Fraud & Account Takeover Protection

The Firm may perform call-back verification, MFA checks, behavioral review, and may restrict transactions if risk is identified.

5. Elder & Vulnerable Client Protection

The Firm may place temporary holds and contact Trusted Contacts if exploitation is suspected under FINRA Rule 2165.

6. Customer Certification

I certify the information is accurate and authorize verification.

Signature: **Printed Name:** **Date:**

7. FIRM USE ONLY

Risk Level: ☐ **Low** ☐ **Medium** ☐ **High**

Verification Method: ☐ **Call-back** ☐ **MFA** ☐ **ID** ☐ **Other** ☐ **KYC/OFAC**

Approved By: _____

Date _____

Updated: March 17, 2025