Legacy Banks

Legacy Portfolio Management

Change of Address Form

Customer Information

Name _____ SSN/Tax ID# _____

Name _____ SSN/Tax ID# _____

Old Address _____
Street/PO Box **City, State, Zip**

New Address _____
Street (required) /PO Box **City, State, Zip**

Home Phone _____ Business Phone _____

Effective date for this change _____

Please check one box:

- ❑ Permanent Change
- ❑ Temporary Change End date: _____
- ❑ Seasonal Change Start date: _____ End date: _____

Account Information

Please check one of the following boxes:

- ❑ Change My Address for **All** Accounts at Legacy Portfolio Management
- ❑ Change My Address Only for Specific Accounts Listed Below

Account # _____ Account # _____ Account # _____

Customer Signature(s): _____, _____

Please sign form and return to Legacy Banks, Legacy Portfolio Management, PO Box 1759, Pittsfield, MA 01202.

Internal use only

Maintenance Processed by: _____ Date: _____

☐ Sungard ☐ Outlook