6900 Westcliff Dr. Ste. 603
Las Vegas, NV 89145
Fax(702) 974-2524
Toll Free (866) 654-6111
info@TrusteeAmerica.com

Change of Address Form

American Estate & Trust, LC

1. IRA Account Holder Information

First Name		Last Name	
Address 1			
Address 2			
City	State		Zip
Social Security	Home Phone		Bus. Phone
Date of Birth	Email		Marital Status [ ] Married [ ] Single
Account Number			

Under the penalty of perjury I do hereby attest that the above information is true and correct.

_____ _____
Account Holder Name Signature

STATE OF _____)
) ss.
COUNTY OF _____)

On this date, _____, 20____, personally appeared before me, a notary public,

_____, personally known by me or who has satisfactorily proved to me to be

the signer of the above instrument, and acknowledged that she executed the same.

My commission expires _____ _____
Notary Public