



**ATG TRUST**  
C O M P A N Y

**CLIENT INFORMATION CHANGE REQUEST**

ATG Trust Account No.: \_\_\_\_\_

ATG Trust Account Name: \_\_\_\_\_

Your Name: \_\_\_\_\_

Your Relationship to the ATG Trust Account: \_\_\_\_\_

Please update my:     Contact Information     Distribution Delivery Instructions

**CHANGE CONTACT INFORMATION | *Complete only sections that require updating.***

New Mailing Address: \_\_\_\_\_

New Home Phone: \_\_\_\_\_ New Work Phone: \_\_\_\_\_

New Cell Phone: \_\_\_\_\_ New Email: \_\_\_\_\_

Additional Information: \_\_\_\_\_

**CHANGE DISTRIBUTION DELIVERY INSTRUCTIONS | *Complete only sections that require updating.***

Mail to different address than address on file with ATG Trust.

Address for Distribution Delivery: \_\_\_\_\_

Change method you receive distributions.

Mail check to address on file.     ACH Transfer     Wire Transfer

*If ACH or Wire Transfer is selected, please provide the banking information below and attach a copy of a voided check.*

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Routing No.: \_\_\_\_\_ Account No.: \_\_\_\_\_

**AUTHORIZATION**

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***Mail completed form to:***  
**ATG Trust Company**  
**One South Wacker Drive, 24<sup>th</sup> Floor**  
**Chicago, IL 60606-45654**