



# CHANGE OF ADDRESS FORM

## Complete this form and fax or mail to Private Client Services.

\*Address changes must be verbally received by the Representative from the client and provided to the PCS Home Office. For direct accounts, the Representative must also notify the vendor of the address change. Subsequent address changes to an existing account(s) do not require the customer(s) signature.

\*P.O. Boxes may only be used for the mailing address on an account. The customer's permanent physical address is required to maintain an account. Use this form to update a permanent address, or mailing address, for an existing account or group of related accounts.

\*Email addresses will only be updated at the account level within the PCS systems. To update an email address for purposes of E-Delivery, the client would update their email address online or provide an updated Online-Access E-Delivery Form completed and signed by the client.

**Fax: 502-473-1721**

**Mail: Private Client Services  
2225 Lexington Road  
Louisville, KY 40206**

Primary Account Owner Name:				
Secondary Account Owner Name:				
<b>This change request applies to the following accounts: (List account numbers)</b>				
New Email Address:				
New Address:				
<b>Permanent Legal Address</b>			<b>Mailing Address (If Different)</b>	
Select One: <input type="checkbox"/> Update <input type="checkbox"/> No Change			Select One: <input type="checkbox"/> Update <input type="checkbox"/> No Change <input type="checkbox"/> Delete Existing	
Address: _____			Address: _____	
City: _____ State: _____ Zip: _____			City: _____ State: _____ Zip: _____	
Primary Account Owner Signature:			Date:	
Secondary Account Owner Signature:			Date:	
Representative Signature (Required):		Rep Code:	Date:	