

# PLAN UPDATE FORM

When completed, return this form to:  
LT Trust Company  
P.O. Box 5508  
Denver, CO 80217-5508  
or FAX the form to: 866-772-8514

## INSTITUTION INFORMATION

Institution Name \_\_\_\_\_ Institution ID \_\_\_\_\_  
Requestor Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Date \_\_\_\_\_

## PARTICIPANT INFORMATION

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Plan Type \_\_\_\_\_

## UPDATE INFORMATION

### Bank Account Number Update

Account Numbers to Add \_\_\_\_\_  
Account Numbers to Delete \_\_\_\_\_

### Deletion of Plan

Date Plan Closed \_\_\_\_\_  
Reason Plan Closed \_\_\_\_\_

### Address Change

New Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Participant Name Change (as it will appear on tax forms)

Last (Family) Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name/Initial \_\_\_\_\_

### Indicative Data

You must provide documentation to substantiate the following changes.

Social Security Number \_\_\_\_\_  
Date of Birth \_\_\_\_\_

## NOTES

Additional Information or Requests  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

