



Address or Name Change Form

1689 C Street, Suite 219, Anchorage, AK 99501
Tel: (907) 272-0707 Fax: (907) 274-7125

Address Change Name Change (please include a copy of the legal documentation for name change)

Please sign and date below in the highlighted area.

Name: _____
(Last) (First) (Middle)

(New Mailing Address) (City) (State) (Zip +4)

(New Physical Address) (City) (State) (Zip +4)

E-mail address: _____

Social Security Number (last 4 digits): _____ Date Of Birth: ____/____/____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____ Msg.: (____) _____ - _____

I am Custodian for the following TNC Shareholders. Please make the change(s) to their records as well:

Print Name:	SSN (last 4 digits):

If NAME CHANGE, please include a copy of the legal document which authorizes your name change (i.e.: marriage certificate, divorce decree, court order, adoption papers, new state or government ID)

The name change is due to one of the following: Marriage Divorce Adoption

Old Name: _____ New Name: _____

Maiden Name: _____

Date: ____/____/____

(Signature of Shareholder, or Custodian of Minor Shareholder) _____

For TNC Official use only: ID # _____		
Date Received: _____	DB Updated: _____	A/P: _____