



Information Change Request Beneficiary

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Use this form to update the contact details or identifying information for existing beneficiaries on your STRATA Trust Company ("STRATA") IRA.

You may update contact information, date of birth, social security numbers, or names of existing beneficiaries. To add or remove beneficiaries, or make any designation changes, complete STRATA's [IRA Beneficiary Designation](#) form.

Section 1 Accountholder Information

Accountholder Name		Account Number	
Social Security Number (Last 4 digits only)	Birthdate	Cellular Phone	
Address of Record			
City	State	Zip	Email

Section 2 New Information for Existing Beneficiary

Any information provided below will update the contact details currently on file. Select the box next to the information that you would like to update only; leave fields blank if no changes are needed.

1) Existing Beneficiary Full Name:	<input type="checkbox"/> Full Name		
<input type="checkbox"/> Address:		City:	
State:	Zip:	<input type="checkbox"/> DOB (MM/DD/YYYY)	
<input type="checkbox"/> Email	<input type="checkbox"/> Phone	<input type="checkbox"/> SSN/EIN	
2) Existing Beneficiary Full Name:	<input type="checkbox"/> Full Name		
<input type="checkbox"/> Address		City	
State	Zip	<input type="checkbox"/> DOB (MM/DD/YYYY)	
<input type="checkbox"/> Email	<input type="checkbox"/> Phone	<input type="checkbox"/> SSN/EIN	
3) Existing Beneficiary Full Name:	<input type="checkbox"/> Full Name		
<input type="checkbox"/> Address		City	
State	Zip	<input type="checkbox"/> DOB (MM/DD/YYYY)	
<input type="checkbox"/> Email	<input type="checkbox"/> Phone	<input type="checkbox"/> SSN/EIN	
4) Existing Beneficiary Full Name:	<input type="checkbox"/> Full Name		
<input type="checkbox"/> Address		City	
State	Zip	<input type="checkbox"/> DOB (MM/DD/YYYY)	
<input type="checkbox"/> Email	<input type="checkbox"/> Phone	<input type="checkbox"/> SSN/EIN	

Section 3 Terms and Conditions

I understand that the information provided above will only update the contact/identifying information for beneficiaries already designated on my STRATA IRA account.



Accountholder Signature

Date

Form Submission Options

- Fax: 512.495.9554
- Email: AccountMaintenance@StrataTrust.com
- US Mail: PO Box 23149, Waco, TX 76702
- Overnight: 7901 Woodway Drive, Waco TX 76712

Client Services 866.928.9394 | AccountMaintenance@StrataTrust.com | Online: www.StrataTrust.com/Service-Request