

## CHANGE/UPDATE ACCOUNT CONTACT INFORMATION

O Horizon Trust Correspondence, PO BOX 27068, Newark NJ 07101

First Name:	M.I.:	Last Name:	Account #:
_ast 4 SSN Digits:	Date of Birth: (MM/DD/	Email Address:	
PART 2. NEW ACC	OUNT CONTACT INI	FORMATION	
Address:	Apt/Unit/S	cte: City:	State: Zip:
Primary Phone:	Туре:	Alt Phone:	Type:
Email Address:			
PART 3. ACCOUNT	OWNER AUTHORIZ	ZATION	
certify that the above listed	I information is accurate.		
Signature of Account Ow	/ner:	Account Owner Name: (Print or Type	Date: (MM/DD/YYYY)