



# Change of Contact Information Authorized Party

**Quest Trust Company**  
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Use this form to update contact information for authorized third parties (e.g. Interested Party Designee, Limited Power of Attorney, Financial Advisor, or Investment Sponsor). This form should be completed by the authorized third party.

## CONTACT INFORMATION

Name:	Associated Client(s):
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## INFORMATION TO UPDATE

Primary Phone Number:	E-mail Address:
Legal Address:	City, State, Zip Code:

## SIGNATURE

I authorized the above changes to my contact information. I am aware that these changes will apply to all accounts in which I am listed as an active authorized third party at Quest Trust Company. I understand that each account holder will receive notice of this change.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_