

INSTRUCTIONS

Use this form to replace or update the contact information for the Responsible Individual on an existing Quest Trust Company (QTC) Traditional IRA and/or Roth IRA.

A ACCOUNT HOLDER INFORMATION *(Current in system)*

Account Holder Name:	Account Number:	
Email Address:	Social Security Number:	Date of Birth:
Responsible Individual's Name:	Responsible Individuals' Phone Number:	

B UPDATE OR REPLACE RESPONSIBLE INDIVIDUAL

The Responsible Individual must be the parent or legal guardian of the Minor Account Holder and will control all decisions regarding the account. The Minor Account Holder may assume the role of Responsible Individual once he or she reaches the age of majority by state law and submits the appropriate paperwork to QTC.

This is a change due to:

- Minor Account Holder has reached age of majority by state law for the state in which he or she resides and will assume the role of responsible individual. **Required documents include copy of government issued ID for Minor Account Holder.**
- Replace living Responsible Individual. **Required to obtain notarized signature of resigning and signature of successor responsible individual.**
- Replace deceased Responsible Individual. **Required documents include copy of the death certificate of the deceased responsible individual.**

Successor Responsible Individual Name:	Relationship to Minor Account Holder:
Social Security Number:	Date of Birth:
Email Address:	Mobile Phone Number:
Legal Address (May not be P.O. Box):	City, State, Zip Code:

C AUTHORIZATION AND SIGNATURE

Authorization to Update Contact Information or Replace Responsible Individual

I authorize the above changes to my contact information.

I, the Resigning Responsible Individual, have read and understand the above mentioned appointment of successor responsible individual in section B. I acknowledge that the information provided above is true and accurate. QTC may rely on this acknowledgment to effectuate the change requested above in section B.

I, the Successor Responsible Individual, have read and understand the above mentioned appointment of successor responsible individual in section B. I acknowledge and certify that I am either the parent or legal guardian of the Minor Account Holder, or I am a Minor Account Holder who has reached majority. I have read and understand the responsibilities of a responsible individual specified in the Custodial Agreement and agree to perform and comply with those responsibilities written therein, including fees associated with administering this account. QTC may rely on this acknowledgment to effectuate the change requested above in section B.

Signature of New Responsible Individual: _____ **Date:** _____

Notarized Signature of the resigning responsible individual is required if replacing living responsible individual.

Signature of Resigning Responsible Individual: _____ **Date:** _____

State of Notary: _____

County of Notary: _____

This instrument was acknowledged before me on the ____ day of _____, 20____, by _____ (Spouse).

Notary Public