

Plan Update Form

I. Institution Information

Institution Name

Institution ID

Requestor Name

Phone Number

Date

II. Participant Information

Name

Social Security Number

Plan Type

III. Update Information

Bank Account Number Update

Account Numbers to Add

Account Number to Delete

Address Change

New Mailing Address

City

State

ZIP

Deletion of Plan

Date Plan Closed

Reason Plan Closed

Participant Name Change (as it will appear on tax forms)

Last (Family) Name

First Name

Middle Name/Initial

Indicative Date

You must provide documentation to substantiate the following changes.

Social Security Number

Date of Birth

IV. Notes

Additional Information or Requests

Please return your completed form to:

Mail

American Trust Company
2525 Harrodsburg Rd., Ste 300
Lexington, KY 40504

Fax

Fax the Form to: 1-720-616-5669
Email: trustoperations@americantrust.com

Contact Us

If you have any questions, please contact Client Services toll free at 1-877-244-7140.