



# Change to Client Account of Record

Rev 11/14

### How to use this form:

FINRA Rule 3110 requires Centaurus to verify updates to a client's account of record. Please mark the appropriate boxes to initiate these changes. Clients must complete a new Client Agreement for all other changes.

Centaurus will make the necessary changes to its records and notify Pershing. The Registered Representative will notify all other entities noted on this form, as applicable.

Date: \_\_\_\_\_ Last Four Digits of SSN or Tax ID: \_\_\_\_\_

For Account Held At:

- Pershing** or  **Other entity(ies)**  
 (e.g. fund company, insurance company, etc.)

Type of Client Record Change:

- Physical Address     Mailing Address  
 Telephone Number     Email Address

### Entity Name and Address:

### Account Name:

### Account Number:

[1] \_\_\_\_\_  
 \_\_\_\_\_  
 [2] \_\_\_\_\_  
 \_\_\_\_\_  
 [3] \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

[If more than three accounts, check box and attach additional instructions on separate sheet of paper.]

**Information of Record:** For the above-referenced accounts, please change the physical address as follows; because of Anti-Money Laundering laws, Customer Identification Rules and SEC Books and Records Rules, a physical address is required. (A P.O. Box may be used as the mailing address, but a physical address will always be required.)

#### Current Information

#### Former Information

\_\_\_\_\_  
 [Name]  
 \_\_\_\_\_  
 [New Physical Street Address]  
 \_\_\_\_\_  
 [New City, State, Zip]  
 \_\_\_\_\_  
 [New Phone]  
 \_\_\_\_\_  
 [New Email Address]

\_\_\_\_\_  
 [Name]  
 \_\_\_\_\_  
 [Former Physical Street Address]  
 \_\_\_\_\_  
 [Former City, State, Zip]  
 \_\_\_\_\_  
 [Former Phone]  
 \_\_\_\_\_  
 [Former Email Address]

**Mailing Address:** [if different than physical Address of Record]:

\_\_\_\_\_  
 [Name]  
 \_\_\_\_\_  
 [New Mailing Address]  
 \_\_\_\_\_  
 [New City, State, Zip]

\_\_\_\_\_  
 [Name]  
 \_\_\_\_\_  
 [Former Mailing Address]  
 \_\_\_\_\_  
 [Former City, State, Zip]

\_\_\_\_\_  
Customer Full Name [print]

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Additional Customer Name [print]

\_\_\_\_\_  
Additional Customer Signature

\_\_\_\_\_  
Registered Rep [print]

\_\_\_\_\_  
Registered Rep Signature

\_\_\_\_\_  
Branch Manager [print]

\_\_\_\_\_  
Branch Manager Signature/Approval

For Home Office Use Only:

\_\_\_\_\_  
Regional Supervisor Signature

\_\_\_\_\_  
Approval Date

\_\_\_\_\_  
Initials