

Legal Name Change Request

IMPORTANT INFORMATION

NOTE: This form should be completed by an Account Owner who has legally changed his or her name due to marriage, divorce, or other reasons. This request must be notarized and only the Account Owner may authorize these changes. **A notary public, licensed by your state, can notarize your signature to verify that you are, in fact, the person signing this request.**

To change the name on an account, Columbia Private Trust requires a copy of the document indicating the name change (i.e., marriage certificate, court order, divorce decree, etc.).

When completed, please return this form to Columbia Private Trust by mail, fax, or online upload at ColumbiaPrivateTrust.com/Upload.

All fields are required.

1. ACCOUNT OWNER INFORMATION

ACCOUNT OWNER NAME (FIRST, MI, LAST)		COLUMBIA PRIVATE TRUST ACCOUNT NO.	
FULL SSN	DATE OF BIRTH	PRIMARY PHONE	
LEGAL ADDRESS			
CITY	COUNTY	STATE/PROVINCE	POSTAL CODE

I also would like Columbia Private Trust to use the above information to update my: Mailing Address Primary Phone No.

Reason for Name Change:

- Marriage (requires copy of the marriage certificate)
- Divorce (requires copy of the divorce decree)
- Name change by Court Decree (requires accompanying certified court document outlining name change)
- Other

2. AUTHORIZATION

As owner of the account referenced herein, I hereby authorize Columbia Private Trust to change the name on my account. I agree to release, indemnify, defend, and hold Columbia Private Trust and its related entities harmless from any claims arising out of making this name change including any damages, fees, costs or expenses (including reasonable attorneys' fees) arising therefrom. I have also included a copy of official documentation supporting this name change to:

SIGNATURES REQUIRED ON NEXT PAGE



3. SIGNATURES

Please sign both former name and current name as indicated, and obtain notaries or Medallion Signature Guarantee for current name.

FORMER NAME

CURRENT NAME

NOTARY ACKNOWLEDGMENT

State of _____; County of _____

On this _____ day of _____, 20____, before me, _____

a Notary Public in and for said County and State, personally appeared (Name): _____

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity on behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

[SEAL]

My commission expires: ____ / ____ / ____

NOTARY PUBLIC SIGNATURE DATE (REQUIRED)

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Upload forms to: ColumbiaPrivateTrust.com/Upload
Fax to: 303.614.7038

Send mail to:
Columbia Private Trust
Processing Center
P.O. Box 981012
Boston, MA 02298

For express deliveries:
FIS-Remittance Processing
Loading Dock #2
Attn: Columbia Private Trust
10 Dan Road
Canton, MA 02021

Questions?
Call 800.962.4238

