

People's Securities, Inc.

A subsidiary of **People's United Bank**

I/We request that People's Securities change the contact information on the following account(s):

Brokerage Account Numbers

_____	_____
_____	_____

Account Holder Information

Mr. Mrs. Ms. Dr.

First Name	M.I.	Last Name
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Joint Holder Information

Mr. Mrs. Ms. Dr.

First Name	M.I.	Last Name
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Account Address

Home Address (P.O. Box Not Sufficient)

City	State	Zip Code
Work Phone	Home Phone	E-Mail Address

Mailing Address (if different)

Mailing Address (If Different)

City	State	Zip Code
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Signatures

Account Holder Signature	Date
Joint Account Holder Signature	Date

Please provide a photo copy of your driver's license or a state-issued identification, OR have this form notarized or signature guaranteed.

Notarized (or Signature Guaranteed)

Personally appeared before me this day	Month/Year
Notary	My Commission Expires

Signature Guaranteed (or Notarized)

Personally appeared before me this day	Month/Year
Signature	Print Name

Address changes will not be made without proper documentation.

Please complete this form and return it to People's Securities, Inc., P.O. Box 31, Bridgeport, CT 06601-0031