

Client Change of Address Form

Please complete this form and fax, email or mail to Waveland Capital Partners. For your protection, address changes will not be accepted by telephone. A Tax Identification or Social Security Number **MUST** be provided for verification purposes. A letter of confirmation will be sent to your old and new address.

Date: _____

Name on Account: _____

Account No. (if known): _____

Your New Address: _____
(P.O. Box may only be used as a mailing address)

Mailing Address: _____
(if applicable)

Your Old Address: _____

Phone Numbers: () () ()
Home Mobile Work

Email Address: _____

**Last 4 digits of Tax ID or
Social Security No.:** _____

Signature: _____

Joint Signature: _____
(if applicable)

*If signing on client's behalf, please provide Power of Attorney or authorized documents.

**NOTE: THIS DOCUMENT IS ONLY FOR ADDRESS CHANGES TO EXISTING CLIENTS.
(FOR OWNERSHIP CHANGES, PLEASE CALL OR SEE "FREQUENTLY ASKED QUESTIONS" TAB
ON OUR WEBSITE)**