

# ADDRESS CHANGE AUTHORIZATION



PO Box 19700, Irvine, CA 92623-9700  
Fax: 866.303.9360

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## OWNER

*(MY ADDRESS HAS CHANGED, PLEASE UPDATE)*

Name (First/Mi/Last)	Address		
Organization	City	State	Zip
Social Security Number (TIN)	Email Address		
Date of Birth	Phone		
Rim Number			

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## CO-OWNER

*(IF DIFFERENT THAN ABOVE)*

Name (First/Mi/Last)	Address		
Social Security Number (TIN)	City	State	Zip
Date of Birth	Email Address		
Rim Number	Phone		

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## SIGNATURE

I understand by signing and submitting this Address Change Authorization, I am authorizing CDF Capital to update my records with the above changes to my address and personal information, as of the effective date listed, for use in all future transactions and permitted correspondence. I certify that all of the information provided by me is accurate and may be relied upon by CDF Capital.

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SIGNATURE OF ACCOUNT OWNER

TODAY'S DATE

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SIGNATURE OF CO-OWNER

TODAY'S DATE