

409 Silverside Road, Suite 105
Wilmington, DE 19809
P: 866.792.5412
F: 302.791.5792
www.seicashaccess.com

I/We request that the Bank update my/our account(s) listed below to reflect the following changes with regard to third-party recipients of my/our account statement(s). **Please note:** The individual signing this form must be an Authorized Signer on each of the accounts listed.

Please complete the entire form (Parts 1-3). Please keep a copy of this form for your records.

PART 1: Account Information

Account Number:											Account Title:
Account Number:											Account Title:
Account Number:											Account Title:

PART 2: Third-Party Statement Recipient(s) (e.g., Financial Professional, CPA, Attorney, etc.)

For purposes of this form, "Financial Professional" includes financial professionals, financial professional firms, advisors, agents and brokers.

Add Remove Change Firm Name or Address

Name:		
Firm:		
Address:		
City:	State:	Zip:

Add Remove Change Firm Name or Address

Name:		
Firm:		
Address:		
City:	State:	Zip:

PART 3: Signature – Required

The individual signing below must be an Authorized Signer on each of the accounts listed in Part 1.

Signature of Authorized Signer:	
Print Name:	Date: (mm/dd/yyyy)
Phone: (and extension)	Email:

Allow one full statement cycle for the change to take effect.

Please **mail or fax** this completed form to: SEI Cash Access, Attn: Account Maintenance
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