

Client signature required

060

1 Representative

Representative Name	Representative Phone (10 digits)	Rep ID
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2 Account Information (Required)

Primary Account Owner	SSN	Account #	
Physical Address on File	City	State	ZIP Code

3 PO Box and Address Update Request

Add or update the PO Box as the mailing address.

PO Box:	City	State	ZIP Code
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Update physical address. (Cannot be a PO Box.)

New Physical Address	City	State	ZIP Code
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Remove current PO Box on the account and replace with:
 physical address as written in Sec. 2
 physical address as written in Sec. 3

4 Other Accounts Affected by This Request

List any other U.S. Bancorp Investments, Inc. accounts to which this address change applies.

1.	5.
2.	6.
3.	7.
4.	8.

5 Signature and Certification

_____ Primary Account Owner	_____ Signature	_____ Date
_____ Joint Account Owner	_____ Signature	_____ Date

Instruction for U.S. Bancorp Investment Representative Only
Submit via workflow, provide a copy to client. Original to branch file.

Investment and insurance products and services including annuities are: NOT A DEPOSIT • NOT FDIC INSURED • MAY LOSE VALUE • NOT BANK GUARANTEED • NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY

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