



Name Change Form

If you have questions about this form, please call us at 800.847.0200.

Mail form to: Thornburg, PO Box 219017, Kansas City, MO 64121

Or overnight to: Thornburg, 330 W. 9th Street, Kansas City, MO 64105

1. Account Information (Please enter the account information as it is currently registered.)

Account Registration

Account Number(s)

Address

Phone

City

State

Zip

Alternate Phone

Social Security Number or Tax ID Number

Email Address

2. New Name (Please sign here with your former name and new name.)

Please update my account to reflect that my name has legally changed from

_____ to _____.

_____ is one and the same as _____.

Former Signature

New Signature

3. Notary Acknowledgment

State

County

On this _____ day of _____, 20 _____, before me personally appeared

_____, to me personally known to be the individual described herein and who executed the fore-

going instrument, and acknowledged that he/she/they executed the same.

Notary Public signature and seal (if required by state)

Commission expiration date