



CONTACT INFORMATION CHANGE FORM

OREGON SPECIAL NEEDS TRUST

Please use this form to update your contact information. A separate form is needed for each person reporting changes.

Submit the form to the OSNT office by:

MAIL: THE ARC OREGON, 2405 FRONT STREET NE, SUITE 120, SALEM OR 97301

EMAIL: OSNT@THEARCOREGON.ORG

FAX: 503.363.7168

Date: _____

Account Number: _____

Subaccount Beneficiary Name: _____

Please update contact information for the:

- | | |
|---|--|
| <input type="checkbox"/> Subaccount Beneficiary | <input type="checkbox"/> Donor |
| <input type="checkbox"/> Authorized Person | <input type="checkbox"/> Remainder Beneficiary |

Name of Contact: _____

New Name: _____
Please attach legal verification of name change.

New Address: _____

New Phone Number: _____

New Email: _____

Signature: _____
(must be signed by the person whose information has changed, or an authorized representative of that person)

Please feel free to contact us at 503.581.2726 if you have any questions or need assistance completing the form.