



# Beneficiary and/or Responsible Party Change of Address or Phone Number

***If your address or your phone number changes, you must notify us in writing using the form below.***

## Previous Information:

Previous Address \_\_\_\_\_

\_\_\_\_\_

Previous Phone Number \_\_\_\_\_

## Beneficiary New Information:

New Address \_\_\_\_\_

\_\_\_\_\_

New Phone Number \_\_\_\_\_ Effective Date of Change \_\_\_\_\_

## Responsible Party New Information:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

New Address \_\_\_\_\_

\_\_\_\_\_

New Phone Number \_\_\_\_\_ Effective Date of Change \_\_\_\_\_

***Incomplete forms will not be processed and will be returned to the beneficiary.***

*(Beneficiary is the person for whose benefit the trust has been established.)*

\_\_\_\_\_  
Name of Beneficiary (please print)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature of Beneficiary/POA/Guardian/Designee

\_\_\_\_\_  
Date

**Mail, fax or email this completed form to:**

8417 Santa Fe Drive | Suite 107 | Overland Park, KS 66212

Fax: 913.648.0057 Email: [info@arcare.org](mailto:info@arcare.org)



*For internal use only.*

Approved by \_\_\_\_\_ Date \_\_\_\_\_ Rev. 8/14