

# ACCOUNT REGISTRATION CHANGE FORM



## FORMER ACCOUNT INFORMATION

Name / Account Title \_\_\_\_\_ Social Security Number / EIN \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

P.O. Box 87  
Denver, CO 80201-0087  
MAIN (800) 955-9988  
FAX (303) 534-5627  
info@sheltoncap.com

## PLEASE UPDATE THE REGISTRATION INFORMATION FOR:

- All accounts for this tax ID/Social Security number
- Only the following accounts (List all that apply)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## UPDATED ACCOUNT HOLDER INFORMATION

Name / Account Title \_\_\_\_\_ Social Security Number / EIN \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
( ) \_\_\_\_\_  
Daytime Phone \_\_\_\_\_ Email \_\_\_\_\_

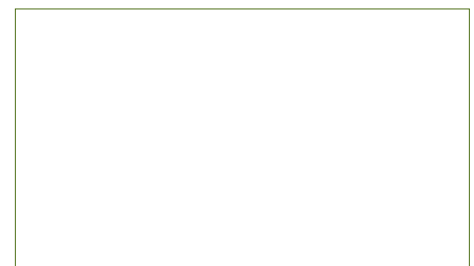
## ACCOUNT TYPE

- Individual  Beneficiary
- Joint  Estate
- Minor  Trust
- Corporation  Retirement

## REQUIRED SIGNATURES

This is your authorization and instruction to transfer the above referenced account(s) to the new account registration as indicated above. If you have any questions, please call Shelton Capital Management at (800) 955-9988. Thank you for your prompt attention to this matter. Please note that this form is NOT valid without a medallion signature guarantee from a bank or brokerage firm.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Joint Owner \_\_\_\_\_ Date \_\_\_\_\_  
Bank Signature Guarantee \_\_\_\_\_ Date \_\_\_\_\_  
Title and Name of Institution \_\_\_\_\_



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