



Address Change Form

MAIL TO P.O. BOX 759, Schenectady, NY 12301

This information will assist us in verifying the identity of the account holder(s) in order to help prevent any fraud attempts on this account. If you have any questions, please call us at (518) 381-3615 or 1-800-670-4110.

1. Complete this form and print.
2. Have this form notarized.
3. Return the completed, notarized form to: Trustco Bank, PO Box 759, Schenectady, NY, 12301.

Account Title #1

			-			-			
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Tax Identification Number

Account Title #2

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Tax Identification Number

Physical Property Address (*No P.O. Boxes*)

Phone Number

City State

Zip Code

Change of Address
(If same as above check box)

Street

City State

Zip Code

- Change only Primary Address*
 Change address on the following accounts:

Account Number	Checking	Savings	Money Market	Other
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Customer Signature

On the ___ day of ___ in the year ____ before me, the above signed, personally appeared _____ personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary Signature



Beneficiary Change Form

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Primary Beneficiary Name	<table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;">-</td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;">-</td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td> </tr> </table>				-			-				
			-			-						
Address	Relationship											
City State	Zip Code											
Date of Birth	Gender											

Contingent Beneficiary Name #1	<table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;">-</td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;">-</td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td> </tr> </table>				-			-				
			-			-						
Address	Relationship											
City State	Zip Code											
Date of Birth	Gender											

- Change All Accounts (Excluding Trust, Shareholder, Trustco Credit Card, and Loans)*
- Change beneficiary on the following accounts:*

Account Number	Checking	Savings	Money Market	Other
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DESIGNATION OF BENEFICIARY BY GRANTOR

I hereby designate the above beneficiary or beneficiaries to whom any and all benefits to which I may be entitled under this or these account(s) shall be paid upon my death. This designation is subject to all terms and conditions of the Bank Agreement and shall be effective only if received by the bank prior to my death.

Customer Signature #1	<table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;">-</td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;">-</td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td> </tr> </table>				-			-				
			-			-						

On the ___ day of ___ in the year ____ before me, the above signed, personally appeared _____ personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary Signature