



CLIENT CONTACT INFORMATION UPDATE FORM

Client Information

Name

SSN

Birthdate

Updates Needed

New Address

Old Street Address

New Street Address

Old City

Old State

Old Zip

New City

New State

New Zip

Does this change apply to your entire household?

☐ Yes

☐ No

New Home Phone Number

Old Home Phone Number

New Home Phone Number

Does this change apply to your entire household?

☐ Yes

☐ No

New Cell Phone Number

Old Cell Phone Number

New Cell Phone Number

New Email Address

Old Email Address

New Email Address

New Church Affiliation

Old Church Affiliation

New Church Affiliation

New Church Address

Does this change apply to your entire household?

☐ Yes

☐ No





Acknowledgement and Authorization

The undersigned requests that Church Growth Investment Fund, Inc. ("CGIF") update the contact information associated with the account(s) listed on this form. CGIF may rely on the information provided herein to update its records and to communicate with the undersigned regarding account statements, notices, and other related correspondence.

The undersigned represents and certifies that the information provided on this form is true, correct, and complete to the best of his or her knowledge. The undersigned agrees to notify CGIF promptly of any future changes to contact information.

If the account is held jointly, CGIF may accept instructions from any one of the account owners to update contact information unless CGIF determines that authorization from all owners is required.

Owner

Co-Owner (If Applicable)

Signature

Signature

Print Name

Print Name

Date

Date