CHANDLER ASSET MANAGEMENT

Date Completed:

Account Update Form

Client Name

Update Address & Primary Contacts

Address **City** **State** **Zip**

Primary Contact **Title** **Telephone/Fax** **Email**

Alternative Contact **Title** **Telephone/Fax** **Email**

Add Portal Access

This includes password-protected access to Monthly Statements and Trade Tickets.

Name **Title** **Email**

Name **Title** **Email**

Name **Title** **Email**

Name **Title** **Email**

Remove Portal Access

Please check the corresponding box to the right if the individual is no longer with the entity

Name **Title** **Email** ☐

Name **Title** **Email** ☐

Name **Title** **Email** ☐

Name **Title** **Email** ☐

Update Billing Preferences

❑ Email Preferred **Email**

❑ Mailed Preferred **Billing/Duplicate Address**

Attention **City** **State** **Zip**

Authorized Representative Acknowledgment

_____ _____ _____

Print Name & Title **Signature of Authorized Representative** **Date**