



CONTACT INFORMATION UPDATE

I (we) authorize Scottrade, Inc. to change the contact information for the following account(s):

Account Number	Account Title/Registration
Account Number	Account Title/Registration
Account Number	Account Title/Registration

Complete one or more of the sections below; these updates will apply to all of the above-listed accounts, as well as any associated Scottrade Bank® accounts.

1) Physical Address - no mail receiving or incorporation services, no P.O. boxes

Street Address		
City	State of Legal Residence	ZIP Plus 4

2) Mailing Address

Check all that apply: Same as Physical Address Temporary - indicate return date: _____

Street Address or P.O. Box		
City	State	ZIP Plus 4

3) Foreign Address - if Sections 1 or 2 indicate a foreign address, check all that apply:

I anticipate staying outside the U.S. over 6 months and my length of stay is ____ year(s) ____ month(s).

I am **not** a citizen or permanent resident of the U.S. and my country of citizenship is _____.

4) Email Address

5) Fax Number

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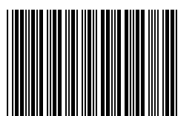
6) Phone Number

Home	Cell	Work	Preferred Number <input type="checkbox"/> Home <input type="checkbox"/> Cell
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Signature of Account Holders

X _____
 Account Holder's Printed Name Account Holder's Signature Date

X _____
 Account Holder's Printed Name Account Holder's Signature Date



SF1063/11-15

Signature Verification via Application Signature Page ID

Scottrade, Inc. - Member [FINRA](#) and [SIPC](#)

Associate Initials