



CHANGE OF ADDRESS FORM

I (we) authorize Scottrade, Inc. to change the address on the following account(s):

ACCOUNT(S)

ACCOUNT NUMBER	ACCOUNT TITLE / REGISTRATION
ACCOUNT NUMBER	ACCOUNT TITLE / REGISTRATION
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ACCOUNT NUMBER	ACCOUNT TITLE / REGISTRATION

OLD ADDRESS (Required)

MAILING ADDRESS			
CITY	STATE	ZIP	PLUS 4
PHYSICAL ADDRESS (If different from mailing address)			
CITY	STATE	ZIP	PLUS 4

NEW ADDRESS

MAILING ADDRESS			
CITY	STATE	ZIP	PLUS 4
PHYSICAL ADDRESS (If different from mailing address)			
CITY	STATE	ZIP	PLUS 4
HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER	CELL PHONE NUMBER	

E-MAIL ADDRESS

OLD E-MAIL ADDRESS (If Applicable)	NEW E-MAIL ADDRESS (If Applicable)
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REASON FOR CHANGE (Required)

- NEW PHYSICAL ADDRESS
 ALTERNATE MAILING ADDRESS
 NEW E-MAIL ADDRESS
 VACATIONING / TEMPORARY ADDRESS CHANGE*
 DEACTIVATE VACATION / TEMPORARY CHANGE

*Please indicate Return Date: ___/___/___.

Please mail or fax this completed form to your local Scottrade branch office.

Signature of Account Holders

X _____ **X** _____
ACCOUNT HOLDER'S SIGNATURE DATE ACCOUNT HOLDER'S SIGNATURE DATE

