



Name Change Form

Old Owner Name: _____ (Please print)

New Owner Name: _____ (Please print)

Owner Number: _____

Last 4 of Taxpayer ID/Social Security Number: _____

Current Address: _____

Check here if this is a new address and you would like Australis TMS Inc. to update your records.

<p>Old Address: (if applicable)</p> <p>_____</p> <p>_____</p> <p>_____</p>

Contact Information:

Home: _____ **Fax:** _____ **Cell:** _____

Email: _____

Type of document attached:

- Marriage License
- Divorce Decree
- Other (please specify)* _____

* Please note that a copy of a photo ID is not sufficient evidence to show a legal name change

SIGNATURE: _____ **DATE:** _____

Please provide any special instructions: _____

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