

BalancedCare Trust Contact Update Form

Beneficiary Name _____ Date _____

Beneficiary Phone Number _____

Please _____ **Add** authorized person/agency, effective date _____

Name _____

Address _____

Email _____

Relationship _____

Contact Number _____

Permission to _____ Communicate

_____ Submit request forms

_____ Receive statements

Please _____ **Remove** authorized person/agency, effective date _____

Name _____

Beneficiary Signature _____ Date _____

**POA/Guardian can authorize change