ARCTRUST
c/o Phoenix American, Inc.
2401 Kerner Blvd
San Rafael, CA 94901
Fax: 415-485-4553

ARCTRUST

**Full Name of Fund** ArcTrust Inc

**Current registration name** _____

**Please change my mailing address to:**

Street/PO Box _____ Apt/Suite _____

City _____ State _____ Zip _____

Phone _____ Email Address _____

- **Changes to the payee or direct deposit must be submitted before the end of the quarter (Jan 30, Mar 31, Sep 30, Dec 31) in order to take effect for the next dividend.**
- **If there is a custodian in the registration, the dividend must be sent to the custodial firm.**

**Please change my non-custodian dividend payee to:**

Firm Name (payable to) _____

Street _____ Suite _____

City _____ State _____ Zip _____

Account number _____

**Request for Direct Deposit:**

ABA number _____ Account number _____

Bank Name _____

Bank City, State, Zip _____

**Please change my broker/rep to:**

Firm name _____

Broker's name _____

Street _____ Suite _____

City _____ State _____ Zip _____

Email address _____ Phone _____

***** Authorized Signatures are required in order to make changes *****

**Signature** _____ **Date:** _____

**Signature** _____ **Date:** _____

**Please sign, date and mail to ARCTRUST c/o Phoenix American Transfer Agent to the address at the top of this form or fax to 415-485-4553**

**Print Form**