



## CHANGE AUTHORIZATION FORM

Date: \_\_\_\_\_

I, \_\_\_\_\_, hereby request the following change (s) to my existing information on file with Central Bank, with regard to my BGRS Holding (s):

	Existing Information	Replacement Information
<b>Bank &amp; Branch</b>		
<b>Account Number</b>		
<b>Telephone Number</b>		
<b>Email Contact</b>		
<b>Postal Address</b>		
<b>Street Address</b>		
<b>Power of Attorney to transact on behalf of security holder</b>		

Security holders requesting changes to information are required to provide a government issued identification in order to process any request for changes to existing information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Change Approval Process and Authorization;		Internal Use Only
System Users	Initial	Date
<b>Entered By:</b>		
<b>Verified By:</b>		
<b>Approved By:</b>		

**THIS FORM MUST BE COMPLETED AND APPROVED PRIOR TO AFFECTING ANY SYSTEM ADJUSTMENT TO SECURITY HOLDER INFORMATION ON FILE AT THE CENTRAL BANK.**