COLOTRUST

Depository Bank and Authorized Wire Accounts Amendment Form

Date Effective: _____/_____/_____

PARTICIPANT ACCT#: CO-01-_____

Please **Add** ☐ or **Delete** ☐ ***(Check one box)*** the following bank information for COLOTRUST

Bank Name ***ABA Number (Required)***

Bank Account Number(s)

Bank Address (Street, City, State, Zip Code)

Contact Person ***Telephone Number*** ( ) ***Extension***

Authorized wire and bank accounts authorized by:

Signature ***Title*** ***Date*** ____/____/____

****Note: All completed forms can be mailed to: COLOTRUST, 1700 Broadway, Suite 2050, Denver, CO 80290, Attention: COLOTRUST, or they may be faxed to 877-311-0220.**