



Security for People with Special Needs since 1990

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address | PO Box 29408, Richmond, VA 23242-0408

Change of Contact Information

Please complete this form to notify CCT of any changes to contact information for either the Beneficiary or the Advocate.

Beneficiary Name: _____ Account Number: _____

The following changes are for: Beneficiary Advocate Both

Name(s): _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Relationship: _____ e.g. Self, Parent, Sibling, Conservator, Guardian, POA*

Name(s): _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Relationship: _____ e.g. Self, Parent, Sibling, Conservator, Guardian, POA*

Other Changes:

Completed By: _____
(Print Name) (Signature) (Date)