Interactive Brokers
The Professional's Gateway to the World's Markets

Please fill out all the fields, initial the first page, and sign at the bottom of the second page, and send to IB either via Fax to +1-312-542-6996 or via e-mail as scanned document to: accountmanagement@interactivebrokers.com

Individual Information Change

If you are requesting a change in name, a "Proof of Name Change" document may be required.

Name	
First Name	Middle Initial (optional)
Last Name	Suffix (optional)
Name Change Reason	Association

Address *(Regulatory restrictions prevent IB from accepting a P.O Box or an "In care of" address).* **Note:** You must type in your name exactly as it appears on your bank statement. If you do not IB will have problems accepting incoming wires and your bank may have problems accepting outgoing wires from IB.	
Street #1	Street #2 (optional)
City	State/Province
Zip/Postal Code	Country
Primary Phone (include area and country codes)	Secondary Phone (optional)
Fax (optional) (include area and country codes)	

Do you have a different mailing address?	
Street #1	Street #2 (optional)
City	State/Province
Zip/Postal Code	Country

Client's Initials: _____ **Date:** _____

Personal Information

Date of Birth	Country of Citizenship

Legal Identification Document

Social Security Number

If you do not have a U.S. Social Security Number:

Please note: *If you are a non-U.S resident, you will be required to provide a copy of the national identification document that shows the identification number that you have provided. The document must include person's photograph and date of birth.*

Type of Identification (please choose only one):

☐ Alien Identification Card ☐ Driver's License

☐ National Identity Card ☐ Passport

Country of Issuance

Identification number

Account Title: _____

Account Number: _____

Signature: _____

Date: _____