



Date: _____

IDB Bank – International Private Banking
511 Fifth Avenue
New York, NY 10017

CHANGE OF ADDRESS INSTRUCTION FORM

Ref: _____

Customer Information File No. ("CIF"; All Account Relationship Title): _____

With reference to my/our account(s) with you under the above CIF, please note that all statements, supporting items, vouchers, unpaid returned items, advices, correspondence and documents relating to the said CIF, are to be sent to the following Mailing Address:

Name: _____

Address: _____

Address: _____

City and State: _____

Zip and Country: _____

I/we understand and agree that this request is subject to the Bank's Deposit Account Agreement & Disclosure and Schedule of Fees, of which I/we acknowledge(s) having received and read. I/we further acknowledge that you are relying on my/our instructions in this Form in making mailing arrangements and mail will be sent to me/us at the most recent address you have recorded for my/our CIF. If I/we change my/our address and do not notify you, you may impose a service charge for holding mail for me/us which has been returned to you by postal authorities.

Print Name:

Print Name:

Print Name:

.....
FOR BANK USE ONLY

Verified by: _____
Print Name:

Scan Date: _____