

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

Attn: Capital One Investing

Address: PO Box. 8000

St. Cloud, MN 56302-8000

Re:

Account Number: \_\_\_\_\_

Social Security Number (Only if Account # is Unknown): \_\_\_\_\_

Account Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address Associated with the Account: \_\_\_\_\_

Please only check boxes in the section below related to your specific request.

### COPIES OF TAX FORMS / STATEMENTS

Please indicate which tax form(s) or statement(s) you are requesting a copy of and the applicable year(s):

Tax Forms		Statements		
Form Type <sup>1</sup>	Applicable Year	Statement Type	Applicable Year	Applicable Month
<input type="checkbox"/> 1099 Consolidated	<input type="checkbox"/> 2018	<input type="checkbox"/> Year-End Statement	<input type="checkbox"/> 2018	<input type="checkbox"/> Jan <input type="checkbox"/> Jul
<input type="checkbox"/> 1099 R	<input type="checkbox"/> 2017	<input type="checkbox"/> Monthly Statement	<input type="checkbox"/> 2017	<input type="checkbox"/> Feb <input type="checkbox"/> Aug
<input type="checkbox"/> 1099 Q	<input type="checkbox"/> 2016		<input type="checkbox"/> 2016	<input type="checkbox"/> Mar <input type="checkbox"/> Sep
<input type="checkbox"/> 5498				<input type="checkbox"/> Apr <input type="checkbox"/> Oct
<input type="checkbox"/> Other _____				<input type="checkbox"/> May <input type="checkbox"/> Nov
				<input type="checkbox"/> Jun <input type="checkbox"/> Dec

### CHECK REISSUANCE

Description
<input type="checkbox"/> Reissue my check to the address on file
<input type="checkbox"/> Reissue my check to a new address, please fill in below section on Address Information

### OTHER REQUESTS

Description
Please use the space below to describe any request not covered in the above sections. Be sure to provide a detailed description of what you are requesting and attach any supporting documentation that may be required.
_____
_____

### ADDRESS INFORMATION

Please indicate the address at which you would like to receive the requested forms / check: \_\_\_\_\_

**Authorized Party Signature** | Do not sign the form until you are in the presence of a notary.

Notary Seal

Notary Signature:

Date:

State of:

County of:

Commission Expire: