

AUTHORIZATION TO CHANGE ACCOUNT INFORMATION

I. ACCOUNT INFORMATION

ACCOUNT NUMBER: _____ DATE: _____

ACCOUNT TITLE: _____

My home street address of record is:

ADDRESS

CITY

STATE

ZIP

Indicate by (X) change(s) to be made:

- | | |
|---|---|
| <input type="checkbox"/> Account Title | <input type="checkbox"/> Dividends / Interest |
| <input type="checkbox"/> Address | <input type="checkbox"/> Deliver & Receive and / or Transfer Instr. |
| <input type="checkbox"/> Account Executive | <input type="checkbox"/> Account(s) Closed |
| <input type="checkbox"/> Duplicate Confirmations/Statements | <input type="checkbox"/> Other |

Change to:

(Complete only where changes are to be made)

Change Address to: _____

Change Account title to: _____

Transfer Instructions:

- | | |
|---|--|
| <input type="checkbox"/> Hold in Street Name | <input type="checkbox"/> Transfer to Account Name / Hold |
| <input type="checkbox"/> COD | <input type="checkbox"/> Transfer / Ship to Blank |
| <input type="checkbox"/> Transfer / Ship to Account | <input type="checkbox"/> Other |

Duplicate Confirmation:

Duplicate Statement:

Number of Confirms: _____

Number of Statements: _____

Name: _____

Address: _____

II. CERTIFICATION

I hereby authorize you to send all correspondence, checks and securities to the following P.O. Box.
I understand that I must also provide my legal (street) address above.

P.O. BOX NUMBER

CITY

STATE

ZIP

IV. SIGNATURES

(Customer Signature)

(Joint Party Signature)