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AUTHORIZATION TO CHANGE FINANCIAL PROFESSIONAL

You may return this form by mail, fax or as an email attachment. Our address, fax number and email address are listed above. If you have any questions, please call 800-328-3519 and ask for Investor Services.

Investor ID Number: _____ Fund/ DST Name(s): _____

Name(s): _____

Telephone: _____

Email Address: _____

Date: _____

Signature: _____ Last 4 digits of SSN: _____

Signature: _____ Last 4 digits of SSN: _____

New Financial Professional Information:

Financial Professional Name: _____

Company Name: _____

Address Line 1: _____

Address Line 2: _____

City, State & Zip: _____

Telephone: _____

Email Address: _____