

CHANGE OF ADVISOR/BROKER-DEALER

This form may be used by any current investor (an "Investor") in an investment to change the Investor's financial advisor or broker-dealer of record.

Complete and deliver this form to:
SHAREHOLDER SERVICES
866.655.3600

Regular Mail:
P.O. Box 219768
Kansas City, MO 64121-9768

Express/Overnight Delivery:
430 West 7th Street
Kansas City, MO 64105-1407

1. TYPE OF REGISTRATION (Current registration) Note: Complete either column A or B below, but not both.

A. Non-Custodial Registration

Individual – One signature required.

Joint Tenants with Right of Survivorship –
All parties must sign.

Community Property – All parties must sign.

Tenants in Common – All parties must sign.

Corporate Registration – Authorized signature required.

Partnership Registration – Authorized signature required.

Uniform Gift to Minors Act –
Custodian signature required. State of _____

Uniform Transfer to Minors Act –
Custodian signature required. State of _____

Estate – Personal Representative signature required.

Qualified Pension Plan (Non-custodian) –
Authorized signature required.

Trust – Authorized signature required.

Other (Specify): _____

B. Custodial Registration

Traditional IRA – Owner and custodian signature required.

Roth IRA – Owner and custodian signature required.

KEOGH Plan – Owner and custodian signature required.

Simplified Employee Pension/Trust (SEP) – Owner and
custodian signature required.

Pension or Profit Sharing Plan – Owner and custodian
signature required.

Other (Specify): _____
Owner and custodian signature required.

2. INVESTMENT REGISTRATION NAME AND ADDRESS

Name of Owner: _____ Tax ID/SS #: _____

Name of Joint Owner (if applicable): _____ Tax ID/SS #: _____

Account #: _____ E-mail Address: _____

Street/P.O. Box: _____

City: _____ State: _____ ZIP Code: _____

Daytime Phone: _____ Evening Phone: _____

3. NEW FINANCIAL ADVISOR

The undersigned broker-dealer or authorized representative warrants that it is a duly licensed registered representative or non-commission based financial advisor and may lawfully offer shares or units of the Program in the state designated as the Investor’s address or the state in which the sale is to be made, if different. The broker-dealer or authorized representative warrants that he or she has (a) reasonable grounds to believe this investment is suitable for the Investor as defined in Section 3(b) of the Rules of Fair Practice of the FINRA Manual, and (b) verified that the Investor and, if held through a beneficial arrangement for the Investor, the registered owner of securities of the Program do not appear on the Office of Foreign Assets Control list of foreign nations, organizations and individuals subject to economic and trade sanctions.

Broker-Dealer Name: _____ Phone #: _____

Financial Advisor Name: _____

Financial Advisor #: _____ Phone #: _____

Financial Advisor Street/P.O. Box: _____

City: _____ State: _____ ZIP Code: _____

E-mail Address: _____

The investment sponsor may use this address to provide an e-mail notification receipt of this subscription and additional information about your investment program.

Signature of Financial Advisor: _____ Date: _____

4. INVESTOR SIGNATURES

MY SIGNATURE BELOW INDICATES I HAVE READ THE FOREGOING AND AGREE TO THE TERMS HEREIN. I hereby designate the authorized financial advisor indicated above as my authorized representative for shares or units purchased from the Program with selling commissions paid at the applicable rate (which requires financial advisor signature as indicated above) and disclaims any other person as being such an authorized financial advisor.

Signature of Investor or Authorized Person Printed Name Date

Signature of Joint Owner, Trustee, Custodian, Printed Name Date
or Authorized Person, if applicable