

# 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,  
or Authorized Person, if applicable      Printed Name      Date