

Request to Change Financial Advisor and/or Broker Dealer



A - CURRENT OWNER INFORMATION - Please print EXACTLY as it appears on the account

Name(s) _____			<input type="checkbox"/> Check here if new address.		
Address _____			Address _____		
City _____	State _____	Zip _____	City _____	State _____	Zip _____
Daytime Telephone Number _____			SSN (Last four digits) _____		

B - NEW FINANCIAL ADVISOR INFORMATION

Name of Financial Advisor _____	Broker Dealer Client Account Number _____	
Broker Dealer Firm Name* _____	Branch Number _____	
Broker Dealer Advisor ID Number _____	Email Address _____	
Address of Financial Advisor _____	Telephone Number _____	
City _____	State _____	Zip _____

C - INVESTMENT ACCOUNT NUMBER - Please provide the account number(s) to be changed.

Account Number *(Required)* _____

D - SIGNATURE(S) - Please sign EXACTLY as your account is registered.

The undersigned Owner(s) hereby designate(s) the authorized financial advisor indicated above as the Owner's authorized representative and disclaims any other person as being such an authorized financial advisor.

*I (We) also understand, if applicable, that if any account is currently enrolled in a Distribution Reinvestment Plan (the Plan), a broker dealer must remain on the account. If the broker dealer is removed, enrollment in the plan will be automatically terminated. Cash distributions will be sent to the registration address. The Change of Distribution Form is required to change all other distribution options.

Signature of Registered Owner/Trustee _____	Date _____
Signature of Registered Co-Owner/Co-Trustee _____	Date _____
Signature of Custodian <i>(Required on Custodial accounts)</i> _____	Date _____

SEND COMPLETED FORM TO:

Mail: Inland Investor Services
2901 Butterfield Road
Oak Brook, IL 60523

Fax: 630-218-4957
Email: custserv@inlandgroup.com
Questions: Inland Investor Services 866-My-Inland (866-694-6526)