

# CHANGE OF DEALER AUTHORIZATION



THIS FORM MUST BE SUBMITTED TO CCS FOR APPROVAL  
AND WILL NOT BE PROCESSED WITH OUT A COMPLETED CCS NAF

**\*\*COMPLETE ONE FORM FOR EACH FUND FAMILY\*\***

**\*\*ATTACH A COPY OF THE CLIENT'S STATEMENT\*\***

INVESTMENT COMPANY/SPONSOR: \_\_\_\_\_

ACCOUNT REGISTRATION \_\_\_\_\_

Please accept this letter as your authority to change the investment dealer on the following account numbers:

<b>NAME OF FUND:</b>	<b>ACCOUNT #:</b>
_____	_____
_____	_____
_____	_____

### FORMER DEALER INFORMATION

Name of Former Dealer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Former Branch Address: \_\_\_\_\_  
Former Dealer #: \_\_\_\_\_ Former Branch #: \_\_\_\_\_ Former Rep: \_\_\_\_\_ Former Rep#: \_\_\_\_\_

### NEW DEALER INFORMATION

Name of New Dealer: Coordinated Capital Securities, Inc, 704 River Place, Madison, WI 53716 Phone: 608-221-4545  
New Branch Address: \_\_\_\_\_  
New Dealer #: \_\_\_\_\_ New Branch #: \_\_\_\_\_ New Rep: \_\_\_\_\_ New Rep#: \_\_\_\_\_

### CLIENT SIGNATURES

Signature of Investor \_\_\_\_\_ Date \_\_\_\_\_ Signature of Co-Investor (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

### - FOR CCS USE ONLY-

Authorized Signature (Home Office Principal Only) _____	<input type="checkbox"/> NAF Rec'd
Printed Name: _____	Form Sent On _____ By _____