LPL Financial

CD

Change of Broker/Dealer and/or Representative Authorization

Instructions: Use this form to change the name of the broker/dealer and/or representative on accounts held at a mutual fund, annuity, insurance, or partnership sponsor. Send the completed form along with a recent statement directly to the sponsor.

1. **This is a:** (check all that apply)

- ◯ Change of Broker/Dealer Authorization
- ◯ Change of Representative Authorization
- ◯ Mutual Fund or Partnership Account
- ◯ Insurance or Annuity Account

2. **Complete this Section for Mutual Fund or Partnership Accounts**

Full Name of Mutual Fund Company or Partnership

Account Registration

Investment Name

Account Number

Attention, Mutual Fund or Partnership Company:

LPL Financial Corporation (LPL) agrees to act as Dealer and appoint you our agent. If your firm is set up to mail statements directly to branch offices, please use the branch office address when coding the account; if not, use the LPL home office address at P.O. Box 509029, San Diego, CA 92150-9029.

3. **Complete this Section for Insurance or Annuity Accounts**

Full Name of Insurance Company

Account Registration

Investment Name

Contract or Policy Number

LPL Financial Corporation holds a current selling agreement with ______________________
Insurance Company Name

and ______________________ is appointed.
Representative Name

4. **Please change the Representative and/or Broker/Dealer information on the account referenced in Section 2 or 3:**

Present Broker/Dealer

New Broker/Dealer

LPL Financial Corporation

Present Representative

Present Rep ID

New Representative Name

New Rep ID

New Representative's Address

5. With the exception of the change of Representative and/or Broker/Dealer, I understand that this does not alter my account in any way and that there is no charge connected with this change.

Client Signature	Client Name (print)	Date
Client Signature	Client Name (print)	Date
Representative Signature	Representative Name (print)	Date
Branch Manager/Registered Principal Signature	Branch Manager/Registered Principal Name (print)	Date