Change of Address Authorization

PERSHING ADVISOR SOLUTIONS LLC

Use this form to notify Pershing Advisor Solutions to change your address on your accounts.

STEP 1. ACCOUNT NUMBER(S)

Account Number ___ — ___	Account Number ___ — ___
Account Number ___ — ___	Account Number ___ — ___
Account Number ___ — ___	Account Number ___ — ___
Account Number ___ — ___	Account Number ___ — ___
Account Number ___ — ___	Account Number ___ — ___
Account Number ___ — ___	Account Number ___ — ___

STEP 2. INSTRUCTIONS AND SIGNATURES

Please accept this form as authorization to change my:

☐ Legal Address ☐ Mailing Address ☐ Both

Current Address

Address		
City	State	Zip/Postal Code
Province/County/Subdivision	Country	

New Address

Address		
City	State	Zip/Postal Code
Province/County/Subdivision	Country	
Telephone		

Account Holder

Print Name	Date ___ — ___ — ___
Signature X	

Joint Account Holder (if applicable)

Print Name	Date ___ — ___ — ___
Signature X	

UPDT