

Computershare Account Number

C

Company Name

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**Financial Advisor / Financial Institution Account Maintenance Form**

PLEASE PRINT CLEARLY

**1. INVESTOR INFORMATION**

Provide the Account Name or Registration exactly as it appears on the account, including ALL names / entities listed on the account

**A**

Current Street Address / PO Box (Complete steps F through H to update the current address) Apt. / Unit Number

**B**

City  State  Zip Code

**D** Daytime Telephone Number

**E** Social Security Number (SSN) or Employer Identification Number (EIN) *(do not use hyphens)*  
 SSN  EIN

**F**  Check here if you wish to update the current address.

**New Address, if applicable: If you checked the box for Item F above, please provide the new address.**

New Street Address / PO Box Apt. / Unit Number

**G**

City  State  Zip Code

**2. INVESTOR'S FINANCIAL ADVISOR INFORMATION**

This section must include information for both the Financial Advisor and the Financial Advisor's Institution in order to add a Financial Advisor to the account. Please note, the investor must sign in the "Investor's Signature" section (section 3) in order to grant consent for the investor's Financial Advisor and Financial Advisor's Institution to have view-only access to all account information. If any part of this section is left blank or is incomplete, no Financial Advisor will be added to the account and the Financial Advisor will not have access to the Advisor Portal.

**FINANCIAL ADVISOR INFORMATION**

Name

CRD Number Assigned by FINRA  Telephone Number (do not use hyphens)  Ext.

E-mail Address (This email address will be used as the login username on Computershare's advisor portal)

Street Address / PO Box  Apt. / Unit Number

City  State  Zip Code

**FINANCIAL ADVISOR'S INSTITUTION INFORMATION**

Financial Institution Name

CRD Number Assigned by FINRA  Telephone Number (do not use hyphens)  Ext.

Street Address / PO Box  Apt. / Unit Number

City  State  Zip Code

**3. INVESTOR'S SIGNATURE**

By signing below, the investor(s) gives consent to Computershare to grant view-only access of all account information to the Financial Advisor and the Financial Advisor's Institution if provided in section 2 above. Such consent will remain in place until the account holder notifies Computershare to revoke such consent.

Signature 1  Signature 2 (if applicable)  Date (mm / dd / yyyy)

Mail completed form to:

**Regular Mail:**

Computershare  
PO Box 505013  
Louisville, KY 40233-5013

**Overnight/certified/registered delivery:**

Computershare  
462 South 4th Street, Suite 1600  
Louisville, KY 40202

For additional inquiries, please e-mail us at [advisorportalsupport@computershare.com](mailto:advisorportalsupport@computershare.com).

