



Computershare  
 PO Box 505013  
 Louisville, KY 40233-5013  
 Within USA, US territories & Canada: 866-524-0719  
 Outside USA, US territories & Canada: 781-575-2428  
 www.computershare.com/advisorportal  
 advisorportalsupport@computershare.com

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City, State, Zip

Computershare Account Number

**C**

**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 Apt. / Unit Number

**B**

City State Zip Code

**C**

Daytime Telephone Number  
**D**

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

**H**



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, 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
A [ ]
CRD Number Assigned by FINRA B [ ] Telephone Number (do not use hyphens) C [ ] Ext.
E-mail Address (This email address will be used as the login username on Computershare's advisor portal) D [ ]

FINANCIAL ADVISOR'S INSTITUTION INFORMATION

Financial Institution Name G [ ]
CRD Number Assigned by FINRA H [ ] Telephone Number (do not use hyphens) I [ ] Ext.
Street Address / PO Box E [ ] Apt. / Unit Number
City K [ ] 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 investor 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 Delivery: Computershare, 462 South 4th Street, Suite 1600, Louisville, KY 40202

For additional inquiries, please e-mail us at advisorportalsupport@computershare.com.

