



Account Change Form

Instructions: Sections 1 (Current Information) and 7 (Signatures)

must be completed for all requested changes.

This form may be used to make the following changes:

Section 2: Change name due to: divorce or marriage, Change of Trustee, Power of

Attorney Change; must be signed by investor(s)

Section 3: Change or correction of address of record

Section 4: Add an alternate address where duplicate statements may be sent

Section 5: Change or Terminate Distribution instructions for non-qualified

accounts; must be signed by investor(s)

This form must be received 30 days prior to the next distribution

payable date

Section 6: Change Financial Advisor; **must be signed by investor(s)**

Please complete this form and mail to:

SQN Investment Advisors c/o DST Systems, Inc. PO Box 219228 Kansas City, MO 64121-9228

Should you have any questions, please call SQN Investor Relations at (844) 696-0468

To obtain additional forms:

Contact: SQN Investor Relations IR@sqnia.com (844) 696-0468

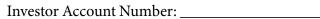
Please contact your custodian for the following changes on qualified accounts:

- Change of custodian for a qualified account, such as an IRA.
- Change of distribution destination, such as a custodian account number change.



Investor Account Number:	
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Section 1	Current Investor Information			
Required For All Changes.	Investor Name/Trustee		Social Security N	umber/TIN
Please type or use BLOCK letters.	Co-Investor Name/Trustee (if	applicable)	Social Security N	umber
DLOCK letters.	Fund(s)			
Section 2	Name on Account Change (Du	ie to Divor	ce/Marriage, etc.)	
Important Notice: Copy of Power of	Add or Change Power of Attor	ney to:		
Attorney, Resignation and Acceptance of Trustee, Corporate	Add or Change Trustee Name	to:		
Resolution, Copy of Marriage Certificate, Divorce Decree,	Change Name to:			
Court Order or Death Certificate must be provided, as applicable.				
	411 CD 101			
Section 3	Address of Record Change			
	Mailing Address			
	City	State		Zip Code
	Phone Number	Email 		
Section 4	Alternate Address			
Section 4	☐ Mail a duplicate of all mailings to the alternate address indicated below.			
	_	_		
	Name	Mailing Address		
	City		State	Zip Code
	Phone Number		Email	

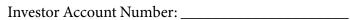




Section 5	Distribution Instructions Change					
This form must be received 30 days prior to the next distribution payable date.	☐ Mail check to the address of record. (Cash distributions for custodial and brokerage accounts will be sent to the custodian of record.)					
payable date.	Mail check to Brokerage Account or Other: Name of Financial Institution					
						FBO
	Mailing Address					
	City	State	Zip(Code		
Complete for electronic deposit of distributions.	□					
*Attach a voided check or instructions from your Financial	Name of Financial Ins	C	Ü			
Institution. (A Deposit Ticket does not contain the required ACH information).	ABA Routing Number	r	Account Number			
	DST Systems, Inc. or it to deposit my/our dist authority will remain i terminated it, or until	ributions directly in n force until I/we h	to the account specifi ave given written noti	ed on this form. The ce that I/we have		

erroneous deposit.

terminated. In the event that DST deposits funds erroneously into my/our account, it is authorized to debit my/our account for an amount not to exceed the amount of the





Section 6	Financial Advisor or Investor Representative Change			
Must be authorized by signature of the	New Broker-Dealer or Financial Institution Name			
investor(s).	New Financial Advisor	Advisor Number/Team ID#		
Please remember to make changes to Distributions, Section 5, if applicable.	Mailing Address			
	City State 2		Zip Code	
	Phone Number	Fax		
	Email			
Section 7	Required Signatures			
Required For All Changes.	Required Signatures - All Investors or Authorized Representative(s)			
Sections 2, 5, and 6 must be authorized with the signature of the Investor(s) and/ or Custodian. Financial Advisor/ Investor Representative signature indicates representation that he/ she is authorized to make changes on behalf of the investor(s).	Signature of Investor/Trustee		Date	
	Signature of Co-Investor/Trustee - OR - Custodian		Date	
	Signature of Financial Advisor/Investor Representative		Date	
Signature Guarantee Stamp is required when the custodian is signing on behalf of the Investor/ Trustee and when Investor Name is changing.	Signature Guarant	ee		