



Investor Account Number: _____

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: _____

Section 1 Current Investor Information

Required For All Changes.

Please type or use BLOCK letters.

Investor Name/Trustee	Social Security Number/TIN
_____	_____
Co-Investor Name/Trustee (if applicable)	Social Security Number
_____	_____
Fund(s)	

Section 2 Name on Account Change (Due to Divorce/Marriage, etc.)

Important Notice: Copy of Power of Attorney, Resignation and Acceptance of Trustee, Corporate Resolution, Copy of Marriage Certificate, Divorce Decree, Court Order or Death Certificate must be provided, as applicable.

Add or Change Power of Attorney to:

Add or Change Trustee Name to:

Change Name to:

Section 3 Address of Record Change

Mailing Address

City	State	Zip Code
_____	_____	_____
Phone Number	Email	
_____	_____	

Section 4 Alternate Address

Mail a duplicate of all mailings to the alternate address indicated below.

Name	Mailing Address
_____	_____
City	State Zip Code
_____	_____
Phone Number	Email
_____	_____



Investor Account Number: _____

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.)

Mail check to Brokerage Account or Other:

Name of Financial Institution _____

FBO _____ Account Number _____

Mailing Address _____

City _____ State _____ Zip Code _____

Complete for electronic deposit of distributions.

Electronically deposit* distributions to the account indicated below:
 Checking Savings Brokerage/Other

*Attach a **voided check** or instructions from your Financial Institution. (A Deposit Ticket does not contain the required ACH information).

Name of Financial Institution _____

ABA Routing Number _____ Account Number _____

DST Systems, Inc. or its named agent (hereinafter referred to as "DST") is authorized to deposit my/our distributions directly into the account specified on this form. The authority will remain in force until I/we have given written notice that I/we have terminated it, or until DST has notified me/us that this deposit service has been 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 erroneous deposit.



Investor Account Number: _____

Section 6 Financial Advisor or Investor Representative Change

Must be authorized by signature of the investor(s).

Please remember to make changes to Distributions, Section 5, if applicable.

New Broker-Dealer or Financial Institution Name

New Financial Advisor/Investor Representative Name(s) Advisor Number/Team ID#

Mailing Address

City State 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.

Signature of Investor/Trustee Date

Signature of Co-Investor/Trustee - OR - Custodian Date

Signature of Financial Advisor/Investor Representative Date

Financial Advisor/ Investor Representative signature indicates representation that he/ she is authorized to make changes on behalf of the investor(s).

Signature Guarantee Stamp is required when the custodian is signing on behalf of the Investor/ Trustee and when Investor Name is changing.

Signature Guarantee