

Instructions: Not to be used for Advisory or Optimum Market Portfolio (OMP) accounts. This change form allows you to update the following account information: change of name due to legal name change (e.g. marriage, divorce, etc.); any other registration changes require a New Account Application and Agreement (F1). Please identify revisions being made by selecting one of the options below, complete the appropriate sections, and sign the form in Section II. **Fax the completed form and any required supporting documents to Brokerage New Accounts, (858) 546-0874.**

FOR BRANCH USE ONLY	LPL Account Number <input style="width: 150px; height: 20px;" type="text"/>	Rep ID Number <input style="width: 150px; height: 20px;" type="text"/>	<input type="radio"/> Mark here if this is a Direct Business Account
	Account Title <input style="width: 800px; height: 25px;" type="text"/>		
	<input type="radio"/> Update Account Holder Information for Legal Name Changes (Complete Sections I, II) Please note: this form may only be used to update account registration for legal name changes only. For any other change to account registration, please complete a New Account Application and Agreement (F1).		

Section I: Account Holder Information (for legal name changes; not required for business accounts)

This section must be completed in full.

1.	Primary Account Holder/Trustee/Minor/Decedent <input style="width: 450px; height: 20px;" type="text"/>			Social Security Number <input style="width: 220px; height: 20px;" type="text"/>	
	Residence Address <input type="radio"/> Same as account <input style="width: 450px; height: 20px;" type="text"/> <input style="width: 450px; height: 20px;" type="text"/>			Birth Date <input style="width: 180px; height: 20px;" type="text"/> <small>MM / DD / YYYY</small>	# Dependents <input style="width: 80px; height: 20px;" type="text"/>
	Country of Citizenship <input style="width: 150px; height: 20px;" type="text"/>	ID Type <input style="width: 120px; height: 20px;" type="text"/>	ID Number <input style="width: 140px; height: 20px;" type="text"/>	Place of Issuance <input style="width: 140px; height: 20px;" type="text"/>	ID Expiration Date <input style="width: 140px; height: 20px;" type="text"/>
	Has Client ID been verified? <input type="radio"/> Yes <input type="radio"/> No				
	<input type="radio"/> Mark here if you are an employee of or related to an employee of any exchange or member firm of any exchange or member of the FINRA or officer of a bank, trust company or insurance company, then complete the following:				
	Name <input style="width: 180px; height: 20px;" type="text"/>	Relationship <input style="width: 140px; height: 20px;" type="text"/>	Name of Firm <input style="width: 200px; height: 20px;" type="text"/>		
	<input type="radio"/> Mark here if you or any member of your immediate family has been a corporate officer, director or owner of 10% or more shareholder of any public corporation within the past three months, then complete the following:				
	Name of Corporation(s) <input style="width: 650px; height: 20px;" type="text"/>				

2.	Secondary Account Holder/Trustee/Custodian/Fiduciary <input style="width: 450px; height: 20px;" type="text"/>			Social Security Number <input style="width: 220px; height: 20px;" type="text"/>	
	Residence Address <input type="radio"/> Same as account <input style="width: 450px; height: 20px;" type="text"/> <input style="width: 450px; height: 20px;" type="text"/>			Birth Date <input style="width: 180px; height: 20px;" type="text"/> <small>MM / DD / YYYY</small>	# Dependents <input style="width: 80px; height: 20px;" type="text"/>
	Country of Citizenship <input style="width: 150px; height: 20px;" type="text"/>	ID Type <input style="width: 120px; height: 20px;" type="text"/>	ID Number <input style="width: 140px; height: 20px;" type="text"/>	Place of Issuance <input style="width: 140px; height: 20px;" type="text"/>	ID Expiration Date <input style="width: 140px; height: 20px;" type="text"/>
	Has Client ID been verified? <input type="radio"/> Yes <input type="radio"/> No				
	<input type="radio"/> Mark here if you are an employee of or related to an employee of any exchange or member firm of any exchange or member of the FINRA or officer of a bank, trust company or insurance company, then complete the following:				
	Name <input style="width: 180px; height: 20px;" type="text"/>	Relationship <input style="width: 140px; height: 20px;" type="text"/>	Name of Firm <input style="width: 200px; height: 20px;" type="text"/>		
	<input type="radio"/> Mark here if you or any member of your immediate family has been a corporate officer, director or owner of 10% or more shareholder of any public corporation within the past three months, then complete the following:				
	Name of Corporation(s) <input style="width: 650px; height: 20px;" type="text"/>				

Section II: Client Acknowledgement and Execution

Under penalties of perjury, Client hereby certifies that: (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including a U.S. resident alien). Cross out 2 if subject to backup withholding. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

I understand that LPL will supply my name to issuers of any securities held in my account so that I might receive important information regarding them, unless I notify LPL in writing not to do so.

I understand and agree that it is my responsibility every time I purchase mutual fund class A shares to advise my representative of all funds within the same fund family that I own either individually or in related accounts to ensure that I receive the appropriate commission discount.

I further certify that all of the information provided on this form is true, correct and complete and that I have received a copy of this form. I hereby attest to the accuracy of all information contained in this change form. I agree to notify LPL of any future changes to information on this form. Further, I have reviewed and accept the Master Account Agreement and the Pre-Dispute Arbitration Agreement stated in the last section of the Master Account Agreement.

 Client Signature (if tenant in common, indicate % of ownership) Date Client Signature (if tenant in common, indicate % of ownership) Date

 Client Signature (if tenant in common, indicate % of ownership) Date Client Signature (if tenant in common, indicate % of ownership) Date

I have reviewed this document for completeness, accuracy, suitability and disclosures.

BRANCH USE ONLY

 Financial Advisor Signature (unless same as Branch Manager) Financial Advisor Name (print) Rep ID Date

 Joint Financial Advisor Signature (if applicable) Joint Financial Advisor Name (print) Rep ID Date

 Branch Manager Signature (required) Branch Manager Name (print) Rep ID Date