



**Return to:**  
 CNL Client Services  
 P.O. Box 8562  
 Boston, MA 02266-8562

**Overnight Delivery**  
 CNL Client Services  
 c/o Boston Financial Data Services  
 30 Dan Road, Suite 8562  
 Canton, MA 02021-2809

**CNL Client Services**  
 Toll-Free 866 650-0650  
 Fax 877 694-1116

## Investor Change Form

### Instructions

All pages must be completed for instructions to be acceptable and valid.

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

**Sections 1 and 7 must be completed for all requested changes.**

**To obtain additional forms:**

Investors should contact their financial advisor.

Financial Advisors may access forms online through a secure login process at [www.cnlsecurities.com](http://www.cnlsecurities.com).

**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.

**This form may be used to make the following changes:**

- Section 2: Change or correction of address of record
- Section 3: Add an alternate address where duplicate tax and/or distribution statements may be sent
- Section 4: Change Distribution instructions for non-qualified accounts  
Change of Distributions for qualified accounts such as an IRA, please contact your custodian (except to remove DRP)
- Section 4: Terminate participation in the Distribution Reinvestment Plan (qualified and non-qualified accounts)  
Distributions for qualified accounts will be sent to the custodian
- Section 5: Add or change a Power of Attorney; **must be signed by investor(s)**
- Section 5: Add or change Trustee for a Trust or Perpetual Entity (e.g. Corporation, Pension or Profit Sharing Plan) **Note:** only if the SSN/TIN is *not* changing; **must be signed by investor(s)**
- Section 5: Change name due to divorce or marriage; **must be signed by investor(s)**
- Section 6: Change Financial Advisor; **must be signed by investor(s)**

**Forms required to make the following changes:**

- Change of Ownership or Change of SSN/TIN: Transfer forms for applicable fund(s)
- ReSale (trade of shares where money is exchanged): Secondary Sale Transfer forms for applicable fund(s)
- Beneficiary Designation: Transfer on Death form (Individual and Joint Tenant WROS accounts only)
- Participate in Dividend Reinvestment: Dividend Reinvestment Plan form (qualified and non-qualified accounts)
- Redemption Request: Redemption form for applicable fund(s)
- Change in Redemption Request: Redemption Change form for applicable fund(s)



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## Investor Change Form

one	Registration Name(s) on Account	
<b>Required For All Changes.</b>	Investor Name/Trustee	Social Security Number/TIN
Please type or use BLOCK letters.	Co-Investor Name/Trustee <i>(if applicable)</i>	Social Security Number/TIN
Locator I.D. may be found on distribution statement.	Locator I.D. <i>(optional)</i>	

two	Address of Record Change		
Mailing Address			
City		State	Zip Code
Phone Number		Fax	
Email			

three	Alternate Address		
Direct the following to this address in addition to the address of record.	<input type="checkbox"/> Send a duplicate of all mailings to the alternate address indicated below. <input type="checkbox"/> Mail a duplicate tax statement (K-1, 1099) to the alternate address indicated below.		
Name			
Mailing Address			
City		State	Zip Code
Phone Number		Fax	
Email			



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## Investor Change Form

### four Change of Distribution Instructions

\* Attach a **voided check** (A Deposit Ticket does not contain the required ACH information).

\*\*If applicable, attach instructions from your Financial Institution.

- Send distributions to the address of record *(Not applicable for qualified accounts)*
- Terminate participation in the Distribution Reinvestment Plan *(Distributions for qualified accounts will automatically be sent to the custodian.)*
- Mail distributions to the Financial Institution indicated below *(Not applicable for qualified accounts)*
- Directly deposit distributions to the account indicated below *(Not applicable for qualified accounts)*
  - Savings    Checking\*    Brokerage/Other\*\*

#### Financial Institution Information

Financial Institution

FBO

Mailing Address

City	State	Zip Code
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Phone Number	Fax
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**Required for Direct Deposit.**

Routing Transit Number (RTN/ABA#)

**Required.**

Account Number

Boston Financial Data Services or its named agent (hereinafter referred to as "BFDS") 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 BFDS has notified me/us that this deposit service has been terminated. In the event that BFDS 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.

### five Change of Power of Attorney/Trustee/Name

**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:

**Must be authorized by signature of the Investor(s).**

Please remember to make changes to Address, Distribution Instructions or Financial Advisor, if applicable.



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## Investor Change Form

### six Change of Financial Advisor

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

Please remember to make changes to Distributions, Section 4 if applicable.

New Broker-Dealer FINRA Firm Name		
New Registered Representative		RepID#
Mailing Address		
City	State	Zip Code
Phone Number	Fax	
Email		

### seven Required Signatures

**Select One.**

Sections 5 and 6 must be authorized with the signature of the Investor(s) and/or Custodian.

- I/we authorize information to be changed on **all** investments recorded under the above-referenced SSN/TIN
- I/we authorize information to be changed on **only the following:** *registration, ownership type and/or fund name*

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

#### Required Signatures – All Investors or Authorized Representative(s)

Signature of Owner or Authorized Person	Date
Signature of Joint Owner, Trustee or Custodian	Date
Signature of Financial Advisor	Date

Medallion Signature Guarantee Stamp is required only when the custodian is signing on behalf of the Beneficial Owner.

Medallion Signature Guarantee Stamp