

Change of Registered Representative request



Mail to: P.O. Box 9261, Des Moines, IA 50306-9261
Overnight: 8300 Mills Civic Pkwy, West Des Moines, IA 50266-3833
1-866-747-3421 | SecuritiesPI@sfgmembers.com

Instructions

Use this form to:

- Change the servicing Registered Representative on my account
- Representative use only: Assign partnership/split information for additional representatives
- Authorize your new Registered Representative(s) and their assistant(s) to enact changes to your account on your behalf

1. Account information

Account number

Account holder's name (first, middle initial, last)			Social Security number
Street address			Apartment/suite number
City	State	ZIP	Phone number

2. Registered Representative information

Current Registered Representative's name (first, middle initial, last)			Rep ID number
Broker/dealer name			
New Registered Representative's name (first, middle initial, last)			Rep ID number
Street address			Apartment/suite number
City	State	ZIP	Phone number
Registered Representative's email			Percentage
Broker/dealer name			Broker/dealer number

3. Partnership/split information (optional)

Please provide the Registered Representative's name, ID number, and commission percentage of each additional Registered Representative. Partnership/splits must be within the same Broker/dealer. The sum of the percentages for all Registered Representatives, including the servicing Registered Representative, must total 100%. For any sum not equal to 100%, the difference will be applied to the servicing Registered Representative listed in the previous section. Please use whole percentages only.

Registered Representative's name	Rep ID number	Percentage
Additional Registered Representative's name	Rep ID number	Percentage

NOT FDIC/NCUA INSURED, MAY LOSE VALUE INCLUDING LOSS OF PRINCIPAL, NO BANK/ CU GUARANTEE, NOT A DEPOSIT, NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY.

4. Telephone, internet, and electronic medium transaction authorization

By initialing below, I hereby authorize and direct Sammons Institutional Group®, Inc. (SIG) to act on telephone, Internet or other electronic medium instructions, when proper identification is furnished (Social Security Number, Tax Identification or other established identifiers) concerning, but not limited to, exchange of units between the funds, to change allocation of future contributions, to request partial withdrawals, and/or other authorized transactions. I agree that SIG is not liable for any losses or expenses arising from any exchange, change in allocation of future contributions or partial withdrawal by acting in accordance with telephone, Internet or other electronic medium instructions that we believe to be genuine. SIG will employ reasonable procedures to confirm that telephone instructions are genuine.

I understand that a confirmation statement for all transactions will be mailed to me at the address of record, or emailed to me if the Electronic Information and Document Delivery Consent has been given; I acknowledge that I am responsible for promptly reviewing all confirmation statements. I agree to notify SIG of any erroneous or unauthorized transaction within thirty (30) days of my receipt of such confirmation statement.

I authorize my Registered Representative and their assistant(s) to enact changes to my Account on my behalf.

Account Holder(s)'s Initials

This authorization will remain in effect until: 1) SIG receives written or telephone notification from the Account Holder, or 2) the Account is terminated. In absence of initials, SIG will default to no authorization given for electronic and telephone transactions.

5. Authorization and signature

Complete only if you are changing your Registered Representative. If multiple Registered Representatives are elected, please list all.

Account holder's signature	Date signed (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>
New Registered Representative's signature	Date signed (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>
New additional Registered Representative's signature	Date signed (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>

If your request is not in good order, how would you like us to notify you?

Call me at _____ - _____ - _____ Mail a letter to my address of record Contact my Registered Representative

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