



Broker/Dealer Change Form

Sponsor Name: _____

Client Name(s): _____

Client Address: _____

Account Number

Registration

Change all Accounts under Social Security Number(s): _____

INFORMED CONSENT OF REG BI. The client hereby makes the following representations about informed consent of the receipt of certain information from Harbour: You acknowledge receipt of Harbour's Form CRS and understand its contents. You agree to receive, and have received, delivery of Harbour's Best Interest Disclosure by visiting <https://harbourinv.com/clients/regulation-bi/>.

CLIENT SIGNATURE(S) – Signatures required for each account owner (or custodian for minors). **Signing this form does not constitute a recommendation by the advisor or Harbour Investments, to buy, sell or hold any investments in these accounts.**

Client/Primary Account Owner Signature _____ Date _____

Client/Secondary Account Owner Signature _____ Date _____

Advisor DBA: _____ Rep #: _____
Advisor Name: _____ Branch #: _____
Branch Address: _____ Advisor CRD #: _____
Branch City St Zip: _____ Dealer Name/Code: Harbour Investments, Inc.

We desire to act as Dealer for all account(s) described above and appoint you, our agent for that purpose in accordance with the provisions of our Dealer Agreement.

By: _____

**Harbour Investments, Inc
575 D'Onofrio Drive, Suite 300, Madison, WI 53719**