



## Broker/Dealer Change Form

Sponsor Name: \_\_\_\_\_

Client Name(s): \_\_\_\_\_

Client Address: \_\_\_\_\_

**Account Number**

**Registration**

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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**