

# Change of Address Authorization

ADVISOR SOLUTIONS

For use with Pershing Advisor Solutions LLC ("PAS") brokerage custody and BNY Mellon, National Association ("BNY Mellon, N.A.") bank custody accounts.

Use this form to notify Advisor Solutions of a change of address on your accounts.

## STEP 1. ACCOUNT NUMBER(S)

Account Number	Account Number	Account Number
Account Number	Account Number	Account Number
Account Number	Account Number	Account Number

## STEP 2. PRIMARY ACCOUNT HOLDER INSTRUCTIONS

If updating the address on the account title/registration, complete this section. Complete the Participant/Interested Party Instructions section if updating the address for a participant/interested party.

Please accept this form as authorization to change my:

Legal Address  Mailing Address  Both Addresses

### Current Address

Name		
Address		
City	State	Zip/Postal Code
Province/County/Subdivision	Country	

### New Address

Address		
City	State	Zip/Postal Code
Province/County/Subdivision	Country	Email
Home Phone	Business Phone	Mobile Phone

Advisor Solutions refers to the brokerage services business of Pershing Advisor Solutions LLC ("Pershing Advisor Solutions") and/or the bank custody solutions business of BNY Mellon, National Association ("BNY Mellon, N.A.").

Pershing Advisor Solutions, member FINRA, SIPC, is a wholly owned subsidiary of The Bank of New York Mellon Corporation ("BNY Mellon"). Clearing, custody or other brokerage services may be provided by Pershing LLC, member FINRA, NYSE, SIPC. Pershing Advisor Solutions relies on its affiliate Pershing LLC to provide execution services. Trademark(s) belong to their respective owners.

Bank custody is provided by BNY Mellon, N.A. member FDIC, a wholly owned subsidiary of BNY Mellon.



## STEP 3. PARTICIPANT/INTERESTED PARTY INSTRUCTIONS

If updating the address for a participant or interested party on an account, complete this section.

### Participant/Interested Party 1

Please accept this form as authorization to change my:

Legal Address     Mailing Address     Both Addresses

#### Current Address

Name		Role (Interested party, trustee, grantor, etc.)	
Address			
City	State	Zip/Postal Code	
Province/County/Subdivision		Country	

#### New Address

Address			
City		State	Zip/Postal Code
Province/County/Subdivision	Country	Email	
Home Phone	Business Phone	Mobile Phone	

### Participant/Interested Party 2

Please accept this form as authorization to change my:

Legal Address     Mailing Address     Both Addresses

#### Current Address

Name		Role (Interested party, trustee, grantor, etc.)	
Address			
City	State	Zip/Postal Code	
Province/County/Subdivision		Country	

#### New Address

Address			
City		State	Zip/Postal Code
Province/County/Subdivision	Country	Email	
Home Phone	Business Phone	Mobile Phone	

### Participant/Interested Party 3

Please accept this form as authorization to change my:

Legal Address  
  Mailing Address  
  Both Addresses

#### Current Address

Name		Role (Interested party, trustee, grantor, etc.)	
Address			
City	State	Zip/Postal Code	
Province/County/Subdivision		Country	

#### New Address

Address			
City		State	Zip/Postal Code
Province/County/Subdivision	Country	Email	
Home Phone	Business Phone	Mobile Phone	

## STEP 4. SIGNATURES

### Account Holder/Authorized Signer 1

Print Name	Date
Signature X	

### Account Holder/Authorized Signer 2

Print Name	Date
Signature X	

### Account Holder/Authorized Signer 3

Print Name	Date
Signature X	