NOTICE TO CHANGE BROKER DEALER

3061 Allied St. Suite B
Green Bay, WI 54304

Date: _____

TO:

Distributor Name: _____ Fax: _____

Address: _____

_____

BROKER DEALER:

KCD Financial, Inc.
3061 Allied St., Suite B
Green Bay, WI 54304
920-347-3400

Dealer Number: _____

_____
KCD Principal Signature

WE DESIRE TO ACT AS DEALER FOR THE ACCOUNT(S) DESCRIBED BELOW AND APPOINT YOU AS OUR AGENT FOR THAT PURPOSE IN ACCORDANCE WITH THE PROVISIONS OF OUR DEALER AGREEMENT.

KCD REPRESENTATIVE:

_____ Rep No: _____
(NAME)

_____
(ADDRESS)

_____
(CITY/STATE/ZIP)

CLIENT INFORMATION:

Name(s): _____
Address: _____
_____

Type of Account

Client Account # _____ _____
_____ _____
_____ _____

_____ **Please transfer all accounts held in my name with your firm**.

Client(s) Signature: _____
(2 Required if Joint Account)
_____