

Nelson Securities, Inc.
ADDRESS CHANGE REQUEST

To initiate an address change for the account(s) listed below, complete all information. If you have questions regarding this form, please contact your Nelson Securities, Inc. Investment Representative. ***Your address change confirmation will be mailed to BOTH your new address and old address. This is in an attempt to prevent any changes made to your account(s) without your knowledge.***

ACCOUNT INFORMATION

Direct Funds:	Annuity:	Managed:
<input type="checkbox"/> Alliance Bernstein	<input type="checkbox"/> American Equity	<input type="checkbox"/> Brinker Capital
<input type="checkbox"/> American Funds	<input type="checkbox"/> Delaware Life (Sunlife/MFS)	<input type="checkbox"/> SEI Private Trust Company
<input type="checkbox"/> AMG Funds	<input type="checkbox"/> Jackson National Life Ins	<input type="checkbox"/> Charles Schwab - use Schwab form
<input type="checkbox"/> Columbia Funds	<input type="checkbox"/> John Hancock Life Ins	
<input type="checkbox"/> Hartford Mutual Funds	<input type="checkbox"/> Lincoln Financial Group	401K:
<input type="checkbox"/> Lord Abbett & Co.	<input type="checkbox"/> Nassau RE (Phoenix)	<input type="checkbox"/> Empower (MassMutual)
<input type="checkbox"/> MFS Funds	<input type="checkbox"/> Nationwide	
<input type="checkbox"/> Pimco Funds	<input type="checkbox"/> Talcott Resolution (Hartford Life)	Other:
<input type="checkbox"/> Virtus Funds		<input type="checkbox"/>

Current Account Registration:

Account/Policy Number:

Tax ID Number:

ADDRESS CHANGE AUTHORIZATION

As owner(s) of the above referenced account, I/we authorize the indicated account provider to change the address of record on my/our account.

PREVIOUS Mailing Address:

Address: _____

City State, Zip: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email: _____

NEW Mailing Address:

Address: _____

City State, Zip: _____

Physical Address: if mailing address is a PO Box

Address: _____

City State, Zip: _____

Client Signature (Officer or Trustee for Corp./Trust)

Date

Joint Signature, if applicable

Date

Please return this form to: **Nelson Securities, Inc. 9718 N Morton Court, Spokane, WA 99218**

If you have any questions about this form please contact your financial professional or visit us at www.nelsonsecurities.com