



Shareholder Services: (800) 437-1000  
Hours: Monday - Friday 8:00 AM to 6:00 PM ET

## BROKER DEALER CHANGE FORM

This form should be used to change the Broker Dealer or Financial Advisor on your Aquila Group of Funds' (AGOF) account(s). In order to be listed as the Broker Dealer or Financial Advisor of record on your account(s) the firm is required to have a signed selling agreement with the Funds' distributor, Aquila Distributors LLC.

**Please mail completed form to:**

**Regular mail:**  
Aquila Group of Funds  
P.O. Box 534428  
Pittsburgh, PA 15253-4428

**Overnight mail:**  
Aquila Group of Funds  
Attention: 534428  
500 Ross Street, 154-0520  
Pittsburgh, PA 15262

### SECTION 1: ACCOUNT INFORMATION

Account Number(s):	
Account Owner / Entity Name:	
Account Registration Address:	
Last 4 Digits Of Social Security / Tax Identification Number:	Email Address:
Cell Phone Number:	Alternate Phone Number:
Name of Current Broker Dealer:	Branch Number:
Name of Current Financial Professional /Registered Representative:	Registered Representative's Number:

### SECTION 2: BROKER DEALER/FINANCIAL PROFESSIONAL CHANGE

For the account(s) referenced above:

- Please change the Broker Dealer as indicated below.
- Please remove the current Broker Dealer listed on my account(s). I understand no Financial Professional/Registered Representative will be assigned to the account(s).

