



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 9823
Providence, RI 02940-8023

Overnight mail:
Aquila Group of Funds
4400 Computer Drive
Westborough, MA 01581-1722

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).



SECTION 2: BROKER DEALER/FINANCIAL PROFESSIONAL CHANGE CONTINUED

Name of New Broker Dealer Firm:

Branch Number:	Branch Address:
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Name of New Financial Professional /Registered Representative:

Phone Number of Financial Professional /Registered Representative:	Registered Representative's Number:
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Signature of Financial Professional / Registered Representative:

SECTION 3: AUTHORIZATION OF ACCOUNT OWNER(S)

All owners listed in the account registration must sign below.

I understand that my account(s) may be maintained without a Registered Representative/Financial Advisor based on my selection in Section 2. AGOF will give investment or tax advice about my account(s). By signing below, **(1) I authorize and direct AGOF to maintain the account(s) referenced on this form and (2) I agree to indemnify and hold harmless AGOF, its affiliates, employees, officers or trustees and each of the funds from and against any and all claims, losses, liabilities, damages and expenses that may be incurred by the actions taken in accordance with the instructions given in this form.**

Signature (Required)	Date:
Signature #2 (If applicable):	Date:

If you have any questions or need assistance completing this form, please call AGOF Shareholder Services at (800) 437-1000, Monday through Friday, between 8:00 AM and 6:00 PM ET.