



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

## NAME CHANGE FORM

This form may be used to update your name on your Aquila Group of Funds' (AGOF) account.

### SECTION 1: CURRENT ACCOUNT INFORMATION

Account Number(s):

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Account Owner / Entity Name:

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Social Security / Tax Identification Number (Required):

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Cell Phone Number:

Alternate Phone Number:

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Email Address:

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### SECTION 2: NAME CHANGE AND CERTIFICATION

I hereby certify that my name has been changed and the two names listed below are one and the same person. Please change my account registration to reflect my legal name change:

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Print Former Name

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Print New Name

As required by Federal law, I certify under penalty of perjury that:

1. The Social Security Number or Taxpayer Identification Number listed above is correct, and
2. I HAVE NOT been notified by the IRS that I am subject to backup withholding ( [ ] Check this box if you ARE subject to backup withholding), and
3. I am a U.S. citizen or other U.S. person (including a U.S. resident alien). (If you are a foreign person, you must provide AGOF with a completed Form W-8), and

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

To complete this request you must sign with your new signature and it must be notarized.

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Signature under New Name (Required)

Date:

**SECTION 3: NOTARY PUBLIC**

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ before me, the undersigned, personally appeared

\_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity and that by his/her signature on the instrument, the individual or entity upon behalf of which the individual acted, executed the instrument.

I certify under penalty of perjury under the laws of \_\_\_\_\_, the state in which I am licensed, that the foregoing paragraph is true and correct.

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Commission Expiration Date (mm/dd/yyyy)

Notary Stamp (required):

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.

**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