



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):

Account Owner / Entity Name:

Social Security / Tax Identification Number (Required):

Cell Phone Number:

Alternate Phone Number:

Email Address:

SECTION 2: NAME CHANGE AND TAXPAYER IDENTIFICATION NUMBER 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:

Print Former Name

Print New Name

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

1. **The number shown on this form is my correct taxpayer identification number; and**
2. **I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer 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 , and**
4. **The FATCA codes(s) entered on the line (if any) indicating that I am exempt from FATCA reporting is correct _____.**

Instructions for IRS Form W-9 will be provided upon request. 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.

Signature under New Name as listed above (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 534428
Pittsburgh, PA 15253-4428

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