

## **ACCOUNT SERVICING FORM Publicly Traded Products**

## Please Print or Type

All applicable sections must be completed for instructions to be acceptable and valid.

Forward To: First Trust Retirement, c/o SS&C

<u>Regular Mail</u> Overnight Delivery

ATTN: FTR - Public Traded Mail Stop: FTR - Public Traded PO Box 219261 430 West 7th Street

Kansas City, MO 64121-9261 Suite 219261

855-387-3847 Kansas City, MO 64105-1407

## THIS FORM MAY BE USED TO COMPLETE THE FOLLOWING ACCOUNT SERVICING REQUESTS

- Sections 1 and 7 must be completed for all requested changes.
- Section 2 Change or correction of address of record.
- Section 3 Add an alternate address where duplicate tax and/or distribution statements may be sent. Section 6 Electronic Delivery Election
- Section 4 Change name due to marriage, divorce, etc.; must be signed by investor in this section. • Section 5 – Change financial advisor.

Sten 1. IRA OWNER INFORMATION		

IRA Owner Name Step 2: ADDRESS OF RECORD CHANGE	Social Security Number	Current Investment Name ("The Product")	FTR Account Number (If Applicable)			
Step 2. ADDRESS OF RECORD CHAINGE						
New Address (If PO Box provided, residential addr	ess must be provided   City/State/Zij	o Phone	Number			
Residential Address (only complete if PO BOX is provided) City/State/Zip						
Step 3: ALTERNATE ADDRESS	] - " · · · · · · · · · · ·					
☐ Duplicate Confirmation Mailings ☐	Duplicate Investor Statements					
Alternate Address	City/State/Zip	Altern	ate Phone Number			
Step 4: LEGAL NAME CHANGE	City/State/2i	Aiteili	ate Filone Number			
Important: Copy of marriage certificate, divorce of	lecree, or court order must be provid	ded, as applicable.				
Previous Name		Previous Signature				
Undated Name		Hadahad Canabara				
Updated Name Step 5: CHANGE OF BROKER DEALER/FINANCIAL	ADVISOR	Updated Signature				
New Broker Dealer Name		Phone Number				
New Broker Dealer Street/P.O. Box		City / State / Zip				
New Financial Advisor Name		Phone Number	Financial Advisor Number			
New Financial Advisor Street/P.O. Box		City / State / Zip	Branch Number			
- No.	ew Financial Advisor Signature	Date				
Step 6: ELECTRONIC DELIVERY ELECTION	W I mancial Advisor Signature	Date				
		ng to receive electronic delivery of stockholder communica nation, you authorize First Trust Retirement to either (i) e-m				
(ii) make them available on our Web site and notify you b			an stating action and an early of			
You will not receive paper copies of these electronic mater materials.	erials unless specifically requested, the del	livery of electronic materials is prohibited or we, in our sole	e discretion, elect to send paper copies of the			
Sign below if you consent to the electronic delivery of do		naterials, and any other documents that may be required to				
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		ge that could impair my timely receipt of or access to stockly onically by calling First Trust Retirement at 855-387-3847 fr				
,		le", a letter will be mailed to me with instructions on how to				
		to obtain a valid e-mail address for me, First Trust Retireme ny updates in e-mail address to which documents are delive				
855-387-3847 from 8:00 am to 5:00 pm CST Monday-Frid		iy upuates in e-maii address to which documents are delive	ered, at any time by caning rirst trust Retirement at			
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Traded IRA account(s).						
My e-mail address is:	nly for matters relative to					
Your e-mail address will be held in confidence and used on Step7: SIGNATURE REQUIRED	ny jor matters relating to your investment	<u></u>				