

ACCESSOR

account maintenance form

ACCESSOR FUNDS

Use this form to make changes to an existing account. *Shareholders must sign exactly as their names appear on the Account Application.*

ACCOUNT INFORMATION

Account Name _____

Account Number _____

	CHANGE FROM	CHANGE TO	
NAME CHANGE	Shareholder Name _____	Shareholder Name _____	
	Joint Shareholder Name (if applicable) _____	Joint Shareholder Name (if applicable) _____	
ADDRESS / PHONE	_____	_____	
	_____	_____	
DISTRIBUTION OPTIONS	DIVIDENDS	CAPITAL GAINS	Change for <input type="radio"/> All Models OR <input type="radio"/> Model Name _____ only
	<input type="radio"/>	<input type="radio"/>	Reinvest into the Models that paid them.
	<input type="radio"/>	<input type="radio"/>	Pay in cash per existing redemption instructions.

OFFICER INFORMATION

Rep can only execute Distribution Option changes on behalf of the Shareholder(s).

Rep Name _____ Rep ID/# _____

Rep Signature _____

Company _____ Branch ID/# _____

Phone _____ Date/Time Sent _____

SHAREHOLDER(S) AUTHORIZATION

Signature of current shareholder(s) must be guaranteed for a Name Change

Shareholder Signature _____

Joint Shareholder Signature (if applicable) _____

MEDALLION GUARANTEE

Date: _____

medallion signature guarantee stamp

SUBMIT COMPLETED FORM TO:

***** Accessor Funds, P.O. Box 1345 Denver, CO 80201
***** toll free: 800 759 3504 fax: 303 825 2575