Change of Broker/Dealer Letter – Individual

COBD

Please print, preferably in capital letters and black ink.

◯ Mailed to Fund/Insurance company on:
◯ Faxed to Fund/Insurance company on:
◯ Sent to the Home Office to Process on:

Date

Client Name

Social Security Number | Rep#

NAF: ◯ NAF on file. ◯ Attached ◯ Inactive Account Trails Only- NAF not required.

Sponsor Name and Address

Sponsor Name

Address

City | State | Zip

For Fax Requests:
Fax Number | Contact

Please change the Broker/Dealer or Representative of record for the following account(s) as shown:

Account Registration (One registration type per form, i.e.Roth IRA. Up to three accounts for this one registration can be listed below.)

Account Number (Statement copy attached) | Investment

Account Number (Statement copy attached) | Investment

Account Number (Statement copy attached) | Investment

Signature of Account Holder | Signature of Account Holder

New Broker/Dealer of Record: **CAMBRIDGE INVESTMENT RESEARCH, INC.**
1776 Pleasant Plain Rd., Fairfield, IA 52556 641-472-5100

Rep/Advisor Name

Rep# | Branch # | Branch Phone Number

Branch Address

City | State | Zip

Mail statements to Branch Address.

Operations Manager, Cambridge Investment Research, Inc. | Date (mm-dd-yyyy)

- Ensure state insurance re-appointment has occured prior to, or simultaneous with, transmittal.
- Rep/Advisor is responsible for ensuring insurance appointment has transferred and is active with sponsor company.