

CHANGE OF ADDRESS AUTHORIZATION

Date: _____

To: Pershing Advisor Solutions LLC
One Pershing Plaza, 10th Floor
Jersey City, NJ 07399

Re: Account Number: -

Please accept this letter as authorization to accept instructions to change my:

- Legal Address
- Mailing Address
- Both

Current Address: _____

New Address: _____

Sincerely,

_____/_____/_____
PRINT NAME SIGNATURE DATE

_____/_____/_____
PRINT NAME SIGNATURE DATE