

Change of Dealer Authorization

Date: _____

To: _____

FUND COMPANY

Address: _____

City: _____ State: _____ Zip: _____

ATTN: **Broker/Dealer Service Department**

This letter is your authorization to change the Broker/Dealer and Representative on my below listed account(s):

Account # _____ Fund: _____

Account # _____ Fund: _____

Account # _____ Fund: _____

Account # _____ Fund: _____

Print Client Name: _____

Please change to: **Fortune Financial Services, Inc.**
1010 Third Avenue
New Brighton, PA 15066

Account Representative: _____

Sincerely,

X _____ Date: _____

Client's signature

Address: _____

City: _____ State: _____ Zip: _____

**Phone Number: _____

Social Security Number: _____ Date of Birth: _____

Authorized Signature of Broker/Dealer: _____

Principal's Signature

Please address all question to Richard Reno at 724-846-2488

Verification that transfers have been properly processed is the sole responsibility of the registered representative.

**Client phone number is mandatory.