



**BROKER Change of Dealer Information**

REG MAIL: Selected Funds, PO Box 219662, Kansas City, MO 64121-9662.

OVERNIGHT: Selected Funds, 430 W 7th Street, Suite 219662, Kansas City, MO 64105-1407

PH: (800) 243-1575 FAX: (816) 218-0447

OLD BRANCH OPERATING ADDRESS: \_\_\_\_\_

Broker / Dealer Firm Name: \_\_\_\_\_ Branch Number / Code: \_\_\_\_\_  
Branch Address: \_\_\_\_\_  This Branch address is closing permanently.  
Branch Address: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**NEW BRANCH OPERATING ADDRESS:**

Branch Address: \_\_\_\_\_ Branch Code/s: \_\_\_\_\_  
Branch Address: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

MARKETING CORRESPONDENCE ADDRESS:  Send Marketing correspondence to different address than designated above.

Representatives & Rep codes for this address: \_\_\_\_\_  
Broker Dealer Firm Name: \_\_\_\_\_  
Branch Address: \_\_\_\_\_ Branch Code/s: \_\_\_\_\_  
Branch Address: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Representative E-Mail address: \_\_\_\_\_

**REASSIGN ACCOUNTS**

Account Reassignment Reason: 1.  Rep/s retiring or terminated. 2.  New Rep code allocation. 3.  New split-Rep code 4.  Other

Please **reassign ALL accounts** for the following Firm Branch & Representative code to a new Firm Branch & Representative code.

OLD REP/S: \_\_\_\_\_ NEW GAINING REP/S: \_\_\_\_\_  
OLD REP CODE: \_\_\_\_\_ NEW GAINING REP CODE: \_\_\_\_\_  
OLD BRANCH CODE/S: \_\_\_\_\_ NEW BRANCH CODE/S: \_\_\_\_\_  
OLD ADDRESS: \_\_\_\_\_ NEW ADDRESS: \_\_\_\_\_  
Cont.: \_\_\_\_\_ Cont.: \_\_\_\_\_

Please Change the Firm Representative and Representative code **for the following accounts only:**

FUND	ACCOUNT NUMBER	FUND	ACCOUNT NUMBER	FUND	ACCOUNT NUMBER

SIGNATURE	CAPACITY	DATE	PHONE
X _____	_____	_____	( ) _____ - _____
X _____	_____	_____	( ) _____ - _____