



BROKER Change of Dealer Information

REG MAIL: Selected Funds, PO Box 8243, Boston, MA 02266-8243

OVERNIGHT: Selected Funds, 30 Dan Rd, Canton, MA 02021-2809

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 _____ () _____ - _____