



# NOTICE TO CHANGE BROKER DEALER

3061 Allied St. Suite B  
Green Bay, WI 54304

Date: \_\_\_\_\_

**TO:**

Distributor Name: \_\_\_\_\_

Fax: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**BROKER DEALER:**

KCD Financial, Inc.  
3061 Allied St., Suite B  
Green Bay, WI 54304  
920-347-3400

Dealer Number: \_\_\_\_\_

\_\_\_\_\_  
KCD Principal Signature

**WE DESIRE TO ACT AS DEALER FOR THE ACCOUNT(S) DESCRIBED BELOW AND APPOINT YOU AS OUR AGENT FOR THAT PURPOSE IN ACCORDANCE WITH THE PROVISIONS OF OUR DEALER AGREEMENT.**

**KCD REPRESENTATIVE:**

\_\_\_\_\_  
(NAME)

Rep No: \_\_\_\_\_

\_\_\_\_\_  
(ADDRESS)

\_\_\_\_\_  
(CITY/STATE/ZIP)

**CLIENT INFORMATION:**

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Client Account # \_\_\_\_\_  
# \_\_\_\_\_  
# \_\_\_\_\_

Type of Account

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ **Please transfer all accounts held in my name with your firm.**

Client(s) Signature: \_\_\_\_\_  
(2 Required if Joint Account)

\_\_\_\_\_