

## CHANGE BROKER-DEALER AUTHORIZATION

**Check product type:**    Variable Annuity    Life Product    Mutual Fund    Other Security

Investment Company Name: \_\_\_\_\_

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

Client(s) Address: \_\_\_\_\_

Account Number(s): \_\_\_\_\_

Tax ID Number: \_\_\_\_\_

Joint Owner Tax ID: \_\_\_\_\_

**To Whom It May Concern:**

Please accept this letter as authorization to change the broker-dealer of record on all accounts for the above client(s) from \_\_\_\_\_ to **Kingswood Capital Partners, LLC (KCP)**.

Representative Name: \_\_\_\_\_

Representative Number: \_\_\_\_\_

Branch Number: \_\_\_\_\_

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

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisory Principal Signature

\_\_\_\_\_  
Date