



DATE

CUSTOMER NAME
PRIMARY ADDRESS LINE 1
CITY, STATE ZIP

RE: Change of Investment Account Information

Dear Customer:

You are receiving this communication since you have an investment account with OFG Financial Services, Inc., and recently you reported a change to your account as follows:

CHANGE OF NAME _____

CHANGE OF ADDRESS _____

Change(s) Made: _____

***Trusted Contact Person:** _____

***Trusted Contact Phone:** _____

Additional Information: _____

Please review the above information to ensure accuracy. If you have questions, please contact OFG at (785) 233-4071. If you would like to provide more information to OFG on a Trusted Contact Person or otherwise, please mark any changes or additional information on this document and return it to OFG in the enclosed prepaid postage envelope. You can also fax it to (785) 233-5746, or e-mail it to forms@ofgfinancial.com. In addition, please notify OFG or your OFG Representative of any future changes to the information contained in this document.

Sincerely,

OFG Financial Services, Inc.

* By providing information to OFG about a trusted contact person, you as the customer authorize OFG to contact the trusted contact person listed above and to disclose information about the account to that person in the following circumstances: (1) to address possible financial exploitation, (2) to confirm the specifics of the customer's current contact information or health status, (3) to confirm the identity of any legal guardian, executor, trustee or holder of a power of attorney, or (4) as otherwise permitted by FINRA Rule 2165 (Financial Exploitation of Specified Adults).