Authorization for Change of Representative Transfer Agent/Custodian I authorize you to transfer the representative of record on my to the new representative named below. account No. Registration of Account Signature Name Social Security No. Name Signature Social Security No. Address City State Zip Code New Representative Representative Name Representative Number Date Dealer Authorization OFG Financial Services, Inc. Townsite Plaza Building #2, Suite 105 120 SE 6th Avenue Topeka, KS 66603-3515 Authorized Signature of Dealer Date