

Client Authorization to Change Broker/Dealer and/or Representative

following	
Broker/Dealer: Ni Advisors, Inc., 1138 Cadi	<u>•</u>
Advisor Name:Branch Address:	
Branch #:	Ni Advisors Inc. Dealer #:
Former Broker/Dealer:	
Former Advisor Name:	Rep. #
Mutual Fund / Insurance Company Name:	
Address:	
Shareholder Name:	
Shareholder Social Security/Tax ID#:	
Shareholder Address:	
☐ This change applies to all my accounts, O	PR ☐ This change applies only to the accounts listed below.
Account Number:	Account Number:
Account Number:	Account Number:
Account Number:	Account Number:
Owner Signature:	Date:
Co-Owner Signature:	Date:
Broker-Dealer's Authorized Signature:	Date: