



**PRIVATE
CLIENT
SERVICES™**

MEMBER FINRA, SIPC
A Registered Investment Advisor

Broker Dealer Change Form

***Representative is responsible for forwarding this form directly to the Investment Company, once the account is approved by the firm.**

Rep Name: _____

Rep Number: _____

JRZ Number: _____

Account Information

Name (Primary Owner / Trust Name / Entity Name)			Name (Joint Owner / Trustee / POA / Executor / Authorized Person)		
Social Security # or Tax ID#	Date of Birth/Trust	Phone Number	Social Security # or Tax ID#	Date of Birth/Trust	Phone Number
Country of Citizenship	E-mail		Country of Citizenship	E-mail	
Address (No P.O. Box)			City	State	Zip

Name of Investment Company:

Account / Policy / Contract Number:	Account Registration
Account / Policy / Contract Number:	Account Registration
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New Broker / Dealer and Registered Representative Information

New Broker / Dealer Name: Private Client Services 2225 Lexington Rd Louisville, KY 40206 Phone (502)451-0600 Fax (502)473-1721	Representative Name (Print)
	PCS Rep ID Branch Number
	Branch Address
	Branch Phone Number

Owner Signatures


I ACKNOWLEDGE THAT THIS AGREEMENT CONTAINS A PREDISPUTE ARBITRATION CLAUSE IN PARAGRAPHS 13 & 14 OF THE PCS ACCOUNT AGREEMENT.

Primary Account Owner Signature	Date	Joint Account Owner Signature	Date
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By signing below, Representative certifies that they have verified the identity of the account owners listed above according to the PCS CIP Program guidelines.

Representative Name	Representative Signature	Date
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PCS Account Acceptance

Accepted by: John Taylor-Jones, Chief Compliance Officer.	Home Office Principal Signature: 
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