



AUTHORIZATION TO CHANGE ADVISOR/REPRESENTATIVE

TO: _____ [PRODUCT SPONSOR] DATE: _____

PRODUCT SPONSOR CONTACT: _____ [EMAIL/FAX/ADDRESS]

RE: _____ [CLIENT'S NAME]

CLIENT ADDRESS: _____ [STREET ADDRESS] [CITY] [STATE] [ZIP]

ACCOUNT TYPE	ACCOUNT NUMBER

AUTHORIZATION

We hereby agree to act as advisor of record for the above account and appoint you to act as agent under the terms set forth in the original application. Please transfer the Advisor of Record on the above accounts to:

**TLG Advisors, Inc.
26 W. Dry Creek Cir., Ste. 800
Littleton, CO 80120**



Advisor Authorized Signature

FINANCIAL ADVISOR BRANCH ADDRESS

REP # BRANCH CITY, STATE, ZIP

BRANCH # BRANCH PHONE #

CLIENT SIGNATURE DATE JOINT SIGNATURE DATE FINANCIAL ADVISOR SIGNATURE DATE