



**HARTMAN**  
**CUSTODIAN CHANGE FORM**  
PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION

Full Name of Fund: \_\_\_\_\_

**TRANSFEROR (SELLER'S) INFORMATION:**

Custodian Name (Transferor) \_\_\_\_\_ Phone # \_\_\_\_\_

Custodian Tax ID \_\_\_\_\_ Account Number \_\_\_\_\_ No. of Share / Units \_\_\_\_\_

**INVESTOR INFORMATION:**

Investor Name \_\_\_\_\_ Investor Tax ID \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The Assignor hereby assigns the Assignee 100% of the Assignor's right, title and interest in the above named fund.

\_\_\_\_\_  
Authorized Custodian Signature

\_\_\_\_\_  
Date

*Medallion Signature Guarantee Required*

**ACCEPTING CUSTODIAN INFORMATION:**

Custodian Name (Transferee) \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Fax # \_\_\_\_\_

\_\_\_\_\_

Custodian Tax ID \_\_\_\_\_ Account Number \_\_\_\_\_ No. of Share / Units \_\_\_\_\_

\_\_\_\_\_  
Authorized Custodian Signature

\_\_\_\_\_  
Date

*Medallion Signature Guarantee Required*

**PRINT AND MAIL TO:**

Transfer fee of \$40.60 payable to Great Lakes Fund Solutions, Inc. is required upon submission.

Great Lakes Fund Solutions, Inc.

**Attention: Compliance**  
500 Park Ave, Suite 114  
Lake Villa, IL 60046