



HARTMAN

BROKER DEALER / REP CHANGE REQUEST

PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION

Investor Number: _____

Investor Name: _____

Investor Address: _____

Daytime Phone #: _____

Broker Dealer Affiliate: _____

Representative Name: _____

Branch Address: _____

Rep Phone #: _____

Rep Fax #: _____

Rep Email Address: _____

ALL TITLEHOLDER SIGNATURES ARE REQUIRED.

Investor Signature Date Investor Signature Date

WHEN COMPLETED PLEASE PRINT AND MAIL
TO:

Great Lakes Fund Solutions, Inc.
Attention: Compliance
500 Park Ave, Suite 114
Lake Villa, IL 60046