



**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 # \_\_\_\_\_

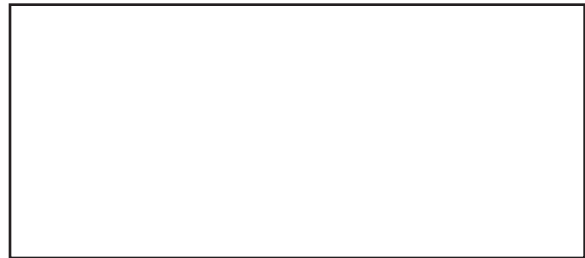
\_\_\_\_\_

\_\_\_\_\_

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 ~~SKRHS~~  
~~SPHULFDJDEIDOKHUYLFHV~~ required  
upon ~~VERIVIR~~

~~SKRHS~~ ~~SPHULFDJDEIDOKHUYLFHV~~ Inc.

Attention: Investor Services Department

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