

INSTRUCTIONS:

1. Complete the attached Change of Registered Representative Request Form
2. Sign the form
3. Once completed please either mail to one of the addresses provided, or email to pfsirepchange@bnymellon.com

Please Send to:	
Regular Mail: Primerica Shareholder Services P.O. Box 534485 Pittsburgh, PA 15253 – 4485	Express Mail: Primerica Shareholder Services Attention: 534485 500 Ross Street, 154-0520 Pittsburgh, PA 15262

You may use this form to change the PFS Investments Inc. Registered Representative on investment accounts.

- This form can be used for Primerica Shareholder Services (PSS) accounts and for accounts that are not on the PSS platform.
- Use the mail or fax instructions above for both PSS platform and for non-platform representative change requests.
- If you are competing this form for an account not on the PSS platform, DO NOT send this form directly to the fund family. Doing so will interfere with the commission paying properly to the new Representative.

SECTION 1 - REPRESENTATIVE INFORMATION

This section must be completed for all requests to change the Representative.

REGISTERED REPRESENTATIVE OFFICE INFORMATION

Some states require this information in order for a representative change to be processed at the fund or annuity carrier.

- Please provide your full office address and the branch ID (This is your Blue Bag Distribution number, not the FINRA branch ID).

PRIMARY REGISTERED REPRESENTATIVE

Provide the full name and Rep ID for the Primary Representative you wish to put on the account.

If known, please provide the name and Rep ID for the Representative that is currently on the account.

SECONDARY REGISTERED REPRESENTATIVE

If the account already has a Secondary Representative and you wish to change the Secondary Representative:

- Provide the full name and Rep ID for the Secondary Representative you wish to put on the account.
- If known, please provide the name and Rep ID for the Secondary Representative that is currently on the account.

If you wish to ADD a Secondary Representative:

- Provide the full name and Rep ID for the Secondary Representative you wish to put on the account.
- Mark the box labeled 'ADD Secondary'

If you wish to remove a Secondary Representative

- Mark the box labeled 'REMOVE Secondary'.
- The current Secondary Representative will be removed. The only Representative on the account will be the Primary Representative.

SECTION 2 - CLIENT INFORMATION

If you are requesting a representative change on multiple accounts, you must use a separate form for each account.

Please provide the following client information:

- Account number
- Owner's name on the account
- Last four digits of Owner's social security number
- Owner's date of birth
- Joint owner's name
- Last four digits of Joint owner's social security number
- Address of residence listed on the account and owner's telephone number

SECTION 3 - AUTHORIZATION

This section must be completed.

- The account owner and the Primary Registered Representative must sign the form.
- If the representative change is for a joint account, the joint owner must also sign.

1 REPRESENTATIVE INFORMATION

Change the Registered Representative on the below referenced account / contract.

REGISTERED REPRESENTATIVE OFFICE INFORMATION:

Office address (Street, Suite #): _____

City, State, Zip Code: _____

Office Phone Number: _____ Branch ID(Distribtuion code): _____

PRIMARY REGISTERED REPRESENTATIVE

Change "From" Current Primary (if known): _____

Registered Representative's Name: _____

Solution Number: _____

Office address: _____ Branch ID: _____

Change "To" New Primary:

Registered Representative's Name: _____

Solution Number: _____

SECONDARY REGISTERED REPRESENTATIVE

Change "From" Current Secondary (if known): _____

Registered Representative's Name: _____

Solution Number: _____

Change "To" New Secondary:

Registered Representative's Name: _____

Solution Number: _____

SECONDARY REGISTERED REPRESENTATIVE

ADD Secondary Registered Representative's Name: _____

REMOVE Secondary Solution Number: _____

2 CLIENT INFORMATION

NOTE: Please use one form PER account.

Account Number:

Account Owner's Name (please print): _____

Account Owner's Social Security Number (Last 4-digits only): _____ Account Owner's Date of Birth: _____

Account Owner's Address: _____

City, State, & Zip Code: _____ Account Owner's Telephone Number: _____

Account Joint Owner's Name (please print): _____

Account Owner's Social Security Number (Last 4-digits only): _____

3 AUTHORIZATION

Date: _____

Account Owner's Signature: _____

Account Joint Owner's Signature: _____

New Primary Registered Representative's Signature: _____

Once completed, E-mail listed for processing.	Please send to:	Regular Mail:	Express Mail:
		Primerica Shareholder Services P.O. Box 534485 Pittsburgh, PA 15253 – 4485	Primerica Shareholder Services Attention: 534485 500 Ross Street, 154-0520 Pittsburgh, PA 15262