

# ATEL Investor Services

## Financial Advisor and Broker Dealer Change Authorization

Use this form to change the financial advisor and/or broker-dealer servicing your investment. Your new financial advisor will have the information you need to complete this form. Please note signatures are required from your new financial advisor as well as a principal of the new broker dealer in order to authorize the change. **If you are keeping the same financial advisor but changing broker dealers** you still need to complete this form. All account holders must sign this form.

SEND TO:  
ATEL Investor Services  
C/O ACS SECURITIES SERVICES, INC.  
3988 NORTH CENTRAL EXPRESSWAY  
BUILDING 5, FLOOR 6  
DALLAS, TEXAS 75204

Fax: 214-887-7411

Account Name: \_\_\_\_\_

ATEL Investor ID \_\_\_\_\_

*Please change the financial advisor servicing my account to the following:*

### New Advisor Information

Advisor Name \_\_\_\_\_ New Advisor CRD # \_\_\_\_\_

Office Address \_\_\_\_\_

\_\_\_\_\_

Telephone Number \_\_\_\_\_ e-mail address \_\_\_\_\_

Name of New Broker Dealer Firm \_\_\_\_\_

Broker Dealer Home Office Address \_\_\_\_\_

\_\_\_\_\_

Telephone number of new broker dealer \_\_\_\_\_ New Firm CRD # \_\_\_\_\_

\_\_\_\_\_  
*signature of primary account holder*

\_\_\_\_\_  
*signature of secondary account holder*

\_\_\_\_\_  
*signature of new advisor*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*signature of broker dealer principal*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*printed name of broker dealer principal*

NOTE: NO NEW OR ADDITIONAL PURCHASES OF ATEL INVESTMENTS MAY BE MADE UNLESS THE REQUESTED BROKER DEALER FIRM HAS EXECUTED A SELLING AGREEMENT WITH ATEL.