Boston Capital

FINANCIAL ADVISOR CHANGE FORM

Send to:
Boston Capital
ATTN: Investor Services
One Boston Place, Suite 2100
Boston, MA 02108-4406
1-800-955-2733
FAX (617) 624-8999

Please use this form to authorize Boston Capital to change the financial advisor of record on your account(s)

Account Information

Type of Account to be changed: ☐REIT ☐Tax Credit ☐Both

Provide the investor(s) / registration name and account number / social security number / tax identification number for the account that you are requesting to have the financial advisor changed.

______________________________________ ______________________________________

______________________________________ ______________________________________
Address

____
Investor(s) / Registration Name

____
Telephone

______________________________________ ______________________________________
Account Number / Social Security or Tax ID Number E-mail

Previous Financial Advisor

Broker / Dealer NASD Firm Name ______________________________________

Registered Representative ______________________________________

Mailing Address ______________________________________

City______________________________ State____________________ Zip______________

Telephone Numb er______________________________ Fax Number______________________________

E-mail Address____

New Financial Financial Advisor

Broker / Dealer NASD Firm Name ______________________________________

Registered Representative ______________________________________

Mailing Address ______________________________________

City______________________________ State____________________ Zip______________

Telephone Number______________________________ Fax Number______________________________

E-mail Address____

Authorization & Signatures

All investor(s) / registration owner(s) must sign the form to authorize the above instructions.

______________________________________ ______________________________________
SIGNATURE OF OWNER DATE SIGNATURE OR OWNER DATE