CHANGE OF BROKER/DEALER AND/OR FINANCIAL PROFESSIONAL

ADVISOR INSTRUCTIONS

An Individual Account Application form and a Individual Client Profile form must be on file or submitted in conjunction with this authorization. The Rep/Advisor is responsible for ensuring all necessary appointments with states and carriers are in good order and that the product being submitted is on Spire's Approved List before processing the paperwork. This form does not apply to fixed insurance products. Please check with your BGA/FMO for forms and procedures.

1. SPONSOR COMPANY AND ACCOUNT REGISTRATION INFORMATION

Company Name

Primary Owner or Custodian or Entity

Social Security Number or Tax ID Number

Co-Owner or Entity

Social Security Number or Tax ID Number

Account Registration	Account Number
1.	
2.	
3.	

2. NEW BROKER/DEALER OF RECORD					Spire Securities, LLC 7901 Jones Branch Dr., Suite 810 McLean, VA 22102 _ (703) 657-6060 Fax: (703) 748-1372			
New Registered Rep of Record			Rep/Carrier ID		(103) 057-0000	rax. (703) 74	Fax. (103) 146-1372	
Branch ID	Branch Phone	 E	Branch Fax		Branch Email			
Branch Address			Suite	City		State	Zip	
3. SIGNA	TURES							
Print Client N	Name First, M.I., Last			Prir	nt Client Name First, M.I., Last			
Client Signat	ture	Date <i>N</i>	1M-DD-YYYY	Clie	ent Signature	Date	MM-DD-YYYY	
SIGN				SIGN				
FOR COMF	PANY USE ONLY							
Print Represe	entative Name First, M.I.	l., Last		Prir	nt Principal Name First, M.I., L	ast		
Representat	ive Signature	Date N	1M-DD-YYYY	Prir	ncipal Signature	Date	MM-DD-YYYY	
SIGN				SIGN				

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