



## Financial Advisor Change Form

Standard Mail: Healthcare Trust of America, PO Box 219108, Kansas City, MO 64121-9108  
Overnight Mail: Healthcare Trust of America, c/o DST Systems, Inc, 430 W 7<sup>th</sup> St, Kansas City, MO 64105  
For Questions, Phone: (888) 801-0107 Fax: (866) 825-1371

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### Account Information

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

Name of Investor \_\_\_\_\_

Name of Joint Owner \_\_\_\_\_

Account Number \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

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### Previous Financial Advisor

Broker / Dealer - FINRA Member Firm Name \_\_\_\_\_

Registered Representative \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

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### New Financial Advisor

Broker / Dealer - FINRA Member Firm Name \_\_\_\_\_

Registered Representative \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

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### Authorization & Signatures

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

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SIGNATURE OF OWNER

DATE

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SIGNATURE OR JOINT OWNER

DATE