

# General Account Maintenance Form

## INSTRUCTIONS

This form must be received 30 days prior to the next distribution payable date.

**Sections 1 and 4 must be completed for all requested changes.**

**To obtain additional forms:**

Investors may access forms online with their secure online login

**Please contact your custodian for the following changes on qualified accounts:**

Change of custodian for a qualified account, such as an IRA.

Change of distribution destination, such as a custodian account number change.

### **THIS FORM MAY BE USED TO MAKE THE FOLLOWING CHANGES:**

- Section 1.1: Change name due to: divorce or marriage, Power of Attorney Change
- Section 1.2: Change or correction of address of record
- Section 1.3: Add an alternate address where duplicate tax and/or distribution statements may be sent (Third Party Authorization)
- Section 2: Change or Terminate Distribution instructions for non-qualified accounts  
*This form must be received 30 days prior to the next distribution payable date*
- Section 3: Change Financial Advisor
- Section 4: Signatures

**The completed form must be submitted, along with any required additional documents, to:**

**DST Systems, Inc.  
Attn: Cottonwood  
430 W. 7<sup>th</sup> Street  
Suite #219065  
Kansas City, MO 64105**

**Phone: (844)422-2584  
Fax: (855)338-1452**

**Email: [cottonwood@dstsystems.com](mailto:cottonwood@dstsystems.com)**



cottonwood

# General Account Maintenance Form

## 1. CURRENT INVESTOR INFORMATION - (Please Type or Use Block Letters)

**Required for ALL Changes.**

Investor Name/Trustee: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_

Co-Investor Name/Trustee: \_\_\_\_\_ SSN: \_\_\_\_\_  
*(if applicable)*

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

Fund Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

### 1.1 NAME ON ACCOUNT CHANGE - (Due to Divorce/Marriage, etc.)

**Important Notice:** Copy of Power of Attorney, Resignation and Acceptance of Trustee, Corporate Resolution, Copy of Marriage Certificate, Divorce Decree, Court Order or Death Certificate must be provided, as applicable.

Add or Change Power of Attorney to: \_\_\_\_\_

Add or Change Trustee Name to: \_\_\_\_\_  
**(must be signed by investor(s))**

Change Name to: \_\_\_\_\_  
**(must be signed by investor(s))**

### 1.2 ADDRESS OF RECORD CHANGE

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### 1.3 ALTERNATE ADDRESS

**Direct the following to this address in addition to the address of record.**

Mail a duplicate of all mailings to the alternate address indicated below.

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

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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## 2. DISTRIBUTION INSTRUCTIONS CHANGE - (Please Type or Use Block Letters)

This form must be received 30 days prior to the next distribution payable date.

**Complete for electronic deposit of distributions.**

\*Attach a **voided check** or instructions from your Financial Institution. (A Deposit Ticket does not contain the required ACH information).

**Electronically deposit\*** distributions to the account indicated below:

**Checking**

**Savings**

**Brokerage/Other**

Name of Financial Institution: \_\_\_\_\_

ABA Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

DST Systems, Inc. or its named agent (hereinafter referred to as "DST") is authorized to deposit my/our distributions directly into the account specified on this form. The authority will remain in force until I/we have given written notice that I/we have terminated it, or until DST has notified me/us that this deposit service has been terminated. In the event that DST deposits funds erroneously into my/our account, it is authorized to debit my/our account for an amount not to exceed the amount of the erroneous deposit.

**Mail check** to the address of record.

(Cash distributions for custodial and brokerage accounts will be sent to the custodian of record)

**Mail check to Brokerage Account or Other:**

Name of Financial Institution: \_\_\_\_\_

FBO: \_\_\_\_\_ Account Number: \_\_\_\_\_

Fund Name: \_\_\_\_\_ Cottonwood Account Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## 3. FINANCIAL ADVISOR OR INVESTOR REPRESENTATIVE CHANGE

**Must be authorized by signature of the investor(s).**

Please remember to make changes to Distributions, Section 2 if applicable.

New Broker-Dealer or Financial Institution Name: \_\_\_\_\_

New Financial Advisor/Investor Representative Name(s): \_\_\_\_\_

Advisor Number/Team ID# : \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

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## 4. REQUIRED SIGNATURES

**Required For All Changes.**

**Sections 1.1, 2 and 3 must be authorized with the signature of the Investor(s) and/ or Custodian.**

Financial Advisor/Investor Representative signature indicates representation that he/she is authorized to make changes on behalf of the investor(s).

**Required Signatures – All Investors or Authorized Representative(s)**

\_\_\_\_\_  
SIGNATURE OF INVESTOR/TRUSTEE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF CO-INVESTOR/TRUSTEE - OR - CUSTODIAN

\_\_\_\_\_  
DATE

**A Medallion Signature Guarantee Stamp (MSG)** is required when the custodian is signing on behalf of the Investor/Trustee and/or when the Investor's name is changed.

Medallion Signature Guarantee

Affix Medallion Signature Guarantee Stamp Here – Account Owner