

# Broker Information Update Form



Regular mail: Clipper Fund, PO Box 219167, Kansas City, MO 64121-9167  
For overnight mail: Clipper Fund, 430 W 7th Street, Suite 219167, Kansas City, MO 64105-1407  
Phone: 1-800-432-2504 Fax: 816-218-0447 Web: www.clipperfund.com

## INSTRUCTIONS

- This form is used to update information on accounts held at the current Broker/Dealer of record.
- Signature from a **Registered Principal or OSJ Manager** is required.

## BRANCH ADDRESS CHANGE

\_\_\_\_\_  
Broker/Dealer Firm Name

\_\_\_\_\_  
Branch Code

This branch address is closing permanently.

### Old Branch Operating Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Phone Number

### New Branch Operating Address

\_\_\_\_\_  
Branch Code(s)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Phone Number

## ACCOUNT REASSIGNMENT

Account Reassignment Reason:  Rep(s) retiring or terminated  New Rep code allocation  New split-Rep code  Other

Please **reassign ALL accounts** from the current Branch/Representative code to a new Branch/Representative code.

\_\_\_\_\_  
Old Representative

\_\_\_\_\_  
New Representative

\_\_\_\_\_  
Old Representative Code

\_\_\_\_\_  
New Representative Code

\_\_\_\_\_  
Old Branch Code(s)

\_\_\_\_\_  
New Branch Code(s)

\_\_\_\_\_  
Old Address

\_\_\_\_\_  
New Address

\_\_\_\_\_  
City State Zip Code City State Zip Code

For reassignment of specific accounts, please fill out the below section:

FUND	ACCOUNT NUMBER	FUND	ACCOUNT NUMBER	FUND	ACCOUNT NUMBER
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

\_\_\_\_\_  
Authorized Financial Individual's Name

\_\_\_\_\_  
Capacity

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature