



BROKER Change of Dealer Information Form
 REG MAIL: Clipper Fund, PO Box 55468, Boston, MA 02266-5468
 OVERNIGHT: Clipper Fund, 30 Dan Rd, Canton, MA 02021-2809
PH: (800) 432-2504 FAX: (816) 218-0447

BRANCH ADDRESS CHANGE

OLD BRANCH OPERATING ADDRESS: _____

Broker / Dealer Firm Name: _____ Branch Number / Code: _____

Branch Address: _____ This Branch address is closing permanently.
 Branch Address: _____ Phone Number: () _____ - _____
 City: _____ State: _____ Zip Code: _____

NEW BRANCH OPERATING ADDRESS:

Branch Address: _____ Branch Code/s: _____
 Branch Address: _____ Phone Number: () _____ - _____
 City: _____ State: _____ Zip Code: _____

MARKETING CORRESPONDENCE ADDRESS: Send Marketing correspondence to different address than designated above.

Representatives & Rep codes for this address: _____

Broker Dealer Firm Name: _____

Branch Address: _____ Branch Code/s: _____

Branch Address: _____ Phone Number: () _____ - _____

City: _____ State: _____ Zip Code: _____

Representative E-Mail address: _____

REASSIGN ACCOUNTS

Account Reassignment Reason: 1. Rep/s retiring or terminated. 2. New Rep code allocation. 3. New split-Rep code 4. Other

Please **reassign ALL accounts** for the following Firm Branch & Representative code to a new Firm Branch & Representative code.

OLD REP/S: _____ NEW GAINING REP/S: _____

OLD REP CODE: _____ NEW GAINING REP CODE: _____

OLD BRANCH CODE/S: _____ NEW BRANCH CODE/S: _____

OLD ADDRESS: _____ NEW ADDRESS: _____

Cont.: _____ Cont.: _____

Please Change the Firm Representative and Representative code **for the following accounts only:**

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

SIGNATURE	CAPACITY	DATE	PHONE
X _____	_____	_____	() _____ - _____
X _____	_____	_____	() _____ - _____