Calvert

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Authorization for Change of Account Registration

Important Information-USA Patriot Act: Federal law requires all financial institution to obtain, verify and record information that identifies each person who opens an account. What this means for you: when you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. This information will be verified to ensure the identity of all individuals opening and account.

1. Current Account Registration

Account Number ☐☐☐☐☐☐☐☐☐☐☐ Fund Number(s)_____

Current Registration_____

2. New Account Registration Type (check one)

☐ **Individual or Joint:** check here and complete section 3.

☐ **Trust:** Attach a copy of the pages of the trust agreement that show the Trust name, Trust date, Trustees signatures and provide trustees name(s) in section 3.

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Name of Trust

Trust Date ☐☐ ☐☐ ☐☐ SSN/Tax ID# ☐☐ ☐☐☐☐☐☐☐☐☐

Please Note: If the Trust is using a Social Security Number (SSN) as it's identification number, please indicate the SSN in the box above.

☐ **Uniform Gifts/Transfers to Minors Act (UGMA/UTMA): complete section 3.**

Minor's state of residence ☐☐

☐ **Other entity:** complete information below and provide authorized signers information in section 3.
Corporation: Attach copy of the certified Articles of Incorporation or business license of the corporation.
Estate: attach a certified copy of Letters of Testamentary and a Death certificate.
Partnership: A copy of the partnership agreement must be attached.

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Name of Entity

Tax ID # ☐☐ ☐☐☐☐☐☐☐

3. New Account Owner Information (Each person who is an account owner or signer must provide all the information requested. If there are additional owners, please provide the information in the same format on a separate sheet.)

Name of Individual, Trustee, Custodian, or Organization Representative

SS# Date of Birth

U.S. Citizen U.S. Citizen living abroad: State of association:

Name of Joint Owner, Co-Trustee, Minor, or Organization representative

SS# Date of Birth

U.S. Citizen U.S. Citizen living abroad: State of association:

4. Mailing Address

Address

City State Zip

If mailing address is a P.O. box, a street address is also required by the USA Patriot Act

Street Address (if different)

City State Zip

Daytime Telephone Number

5. Signatures

I (We) hereby authorize the Fund and its transfer agent to change the registration on the above account(s). I (We) understand that this request will not be honored unless the signature of all authorized signers are signature guaranteed. **If you are changing your name, both your old and new signatures must be signature guaranteed.** Also, I (We) understand the same procedure must be followed for any future registration changes on this account. If you are adding an owner to the account they must sign this form. *As required by law and under penalty, I certify that: 1. The Social Security Number or Taxpayer Identification Number provided on this form is my correct taxpayer identification Number. 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding. Or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding. 3. I am a U.S. person. Please strike out number 2 if you are currently under notification.*

Authorized Signer Date

Place Signature Guarantee Stamp Here

Authorized Signer Date

Place Signature Guarantee Stamp Here

Mail to: Calvert, P.O. Box 219544 Kansas City, MO 64121-9544