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DTCC TRANSFER AGENCY CHANGE FORM

SECURITY DESCRIPTION: _____

CUSIP(S) _____

CHECK ONE OR MORE: ADDRESS CHANGE ___ NAME CHANGE ___ CUSIP CHANGE ___

PRIOR AGENT'S NAME, ADDRESS
CONTACT AND PHONE NUMBER,
FINS # _____

SUCCEEDING AGENT'S NAME, ADDRESS,
CONTACT AND PHONE NUMBER
FINS # _____

NEW DELIVERY ADDRESS (E.G. DROP AGENT) IF DIFFERENT:

EFFECTIVE DATE: _____

SPECIAL INSTRUCTIONS:

CHECK ALL THAT APPLY:

- _____ TRANSFERS
- _____ DIVIDENDS/INTEREST DISBURSEMENTS
- _____ TRUSTEE (BONDS)
- _____ PAYING AGENT (BOND COUPONS)
- _____ REDEMPTION / MATURITY (BONDS)
- _____ OTHER: (PLEASE SPECIFY)

ATTACHMENTS: YES ___ NO ___

SIGNATURE: _____

TITLE: _____

TELEPHONE: _____

DTCC FACSIMILE: (212) 855-4479