

# Seligman

## DEALER CHANGE AUTHORIZATION For Shareholder Use Only

To change the Broker/Dealer information on your Seligman account(s), please mail this completed form to: **Seligman Data Corp., PO BOX 9759, Providence, RI 02940-9759**. This request may require supporting documentation if the account(s) is/are registered to a trust, corporation, or other entity. If you have any questions, please call your financial advisor, or our Shareholder Services Department at **800-221-2450** any business day from 8:30 AM to 6:00 PM Eastern time.

### 1. ACCOUNT INFORMATION

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 Name of Owner, Trust or other entity

Social Security or Tax I.D. Number

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 Co-Owner, Trustee or other capacity

Social Security or Tax I.D. Number

Please list the accounts that are to be updated:

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 Fund

Account Number

---

 Fund

Account Number

---

 Fund

Account Number

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 Fund

Account Number

### 2. NEW DEALER INFORMATION

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 Firm Name

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 Branch Address

Branch Number

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 City

State

Zip Code

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 Registered Representative Name

Registered Representative Number

Registered Representative Telephone Number

### 3. SIGNATURE(S) (ALL REGISTERED OWNERS MUST SIGN)

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 Signature of Owner, Trust or other capacity

Date

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 Signature of Owner, Trust or other capacity

Date