

Multiple Address Request Letter

(Complete and forward to National Office)

Primary Account Holder: _____

Secondary Account Holder: _____

Account #'s

Product Sponsor/Custodian

Primary Address

City _____ State _____ Zip _____

Phone Numbers: Home (____) _____ - _____ Work (____) _____ - _____

Anticipated Dates: (Month/Day) ____ / ____ to (Month/Day) ____ / ____

Secondary Address

City _____ State _____ Zip _____

Phone Numbers: Home (____) _____ - _____ Work (____) _____ - _____

Anticipated Dates: (Month/Day) ____ / ____ to (Month/Day) ____ / ____

I/We hereby authorize NRP Financial, Inc. to accept instructions from the Registered Representative (RR) designated below to change my/our address between the above referenced Primary and Secondary Addresses. I/We agree to indemnify and hold harmless NRPF and its affiliates, directors, officers, employees, successors, and assigns for any liabilities incurred in connection with the exercise of this authorization. This authorization will remain in effect until such time as I/we terminate it in writing to NRPF. I/We understand that I/we will receive written notification from NRPF at both the Primary and Secondary Address each time a change is effected.

Signatures

Primary Account Signature: _____ Date: _____

Secondary Account Signature _____ Date: _____

RR Signature: _____ RR #: _____ Date: _____

Principal Signature: _____ PS #: _____ Date: _____

For National Office Use Only

<input type="checkbox"/> NRPF Acceptance _____	Date: _____	(Supervising Principal)
<input type="checkbox"/> Address Updated @ Clearing Firm/Fund _____	Date: _____	(Service)
<input type="checkbox"/> Enter into Back Office System _____	Date: _____	(Documentation)
<input type="checkbox"/> Image Document _____	Date: _____	(Documentation)

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