

This form is used to change the investment professional or firm of record on your Forward Funds account.

Please change the name of my investment professional or firm on your records to those shown below. The details are as follows:

**CURRENT ACCOUNT INFORMATION**

Please write name of Shareholder EXACTLY as it appears on your statement.

Shareholder Name \_\_\_\_\_ Account # \_\_\_\_\_

Joint Shareholder Name (if applicable) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

**SIGNATURE(S)**

Requires signatures of all registered owners (attach a separate sheet if necessary).

Shareholder Signature \_\_\_\_\_

Joint Shareholder Signature (if applicable) \_\_\_\_\_

**TO BE COMPLETED BY NEW FIRM**

The organization listed below agrees to act as Broker Dealer or Agent in accordance with the provisions set forth in the original Forward Funds application and provided to the Shareholder(s) and represents that the organization and representative are duly qualified and licensed to sell securities under the laws of the state set forth above as the address of the above shareholder(s) and that a Selling Agreement with either ALPS Distributors Inc. the distributor of Forward Funds, or directly with The Trust, has been executed.

Name of Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Rep Name \_\_\_\_\_ Rep ID/# \_\_\_\_\_

Rep Signature \_\_\_\_\_ Date \_\_\_\_\_

Rep Address \_\_\_\_\_ Branch ID/# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**AUTHORIZED SIGNATURE OF NEW FIRM**

Name of Registered Principal or Authorized Signer \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_