



Change of Address Form

Use this form to update the address of record for account holder(s) or authorized agent(s) or to update address information for duplicate statements or mailing addresses.

1. Account Information

I/we authorize Dupree Mutual Funds to change the address on the following account(s):

<u>Fund</u>	<u>Dupree Account Number</u>	<u>Fund</u>	<u>Dupree Account Number</u>
_____	_____	_____	_____
_____	_____	_____	_____

Is this a permanent change of address? Yes No
 Has the state of residence for the account changed? Yes No

2. Home/Legal Address

Please provide your home/legal address below, which must be a physical street address. **P.O. boxes are not allowed.**

Type of address change: Account Address of Record
 Secondary Address (Co-Owner, Co-Trustee, Power of Attorney, etc.)
 Duplicate Statements

 Account Holder/Agent First Name Middle Name Last Name

 Additional Account Holder First Name Middle Name Last Name

 Home/Legal Street Address City State Zip

 Preferred Daytime Telephone Number Preferred Evening Telephone Number

 Primary Email Address Secondary Email Address

3. Alternate Mailing Address (ONLY complete this section if you have an alternate address for mail delivery)

Please provide your mailing address below, if different from your home/legal address in Section 2.

 Mailing Address (P.O. box may be used) City State Zip

4. Authorized Signature(s). ALL OWNERS MUST SIGN.

▶ _____
 Signature: Account Holder/Trustee/Authorized Agent Print Name Date

▶ _____
 Signature: Additional Account Holder/Co-Trustee Print Name Date