

# **Change of Registration Form**

Use this form for non-retirement accounts only

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For additional information, please contact us at (800) 341-8900 or visit www.permanentportfoliofunds.com.

Mail To: Permanent Portfolio Family of Funds c/o U.S. Bank Global Fund Services P.O. Box 701 Milwaukee, WI 53201-0701

**Overnight Express Mail To:** 

Permanent Portfolio Family of Funds c/o U.S. Bank Global Fund Services 615 E. Michigan Street, FL3 Milwaukee, WI 53202-5207

This form should be used to change the registration of an existing account. A Shareholder Account Application must accompany the form unless noted.

1. Current Account Registration		
NAME OF TAXABLE OWNER/MINOR/TRUST	SOCIAL SECURITY NUMBER/TAX I.D. #	
NAME OF JOINT OWNER/CUSTODIAN/TRUSTEE	SOCIAL SECURITY NUMBER/TAX I.D. #	
NAME OF JOINT OWNER/TRUSTEE	SOCIAL SECURITY NUMBER/TAX I.D. #	
FUND NAME	ACCOUNT NUMBER	
FUND NAME	ACCOUNT NUMBER	
FUND NAME	ACCOUNT NUMBER	
PERMANENT STREET ADDRESS	TELEPHONE NUMBER	
СГТҮ	STATE	ZIP CODE

If the address listed above differs from the address currently in our records, by signing this form you authorize us to update all accounts associated with the Social Security number(s) or Tax I.D. number(s) provided with the new address.

### 2. Reason for Registration Change (select one)

Individual or Joint Account to Trust or Entity Account (complete sections 3 and 8)

Remove or add an account owner or trustee (*complete sections 4 and 8*)

Relinquish UTMA/UGMA account to taxable owner who has reached age of majority (complete sections 5 and 8)

Change custodian on UTMA/UGMA account due to resignation of current custodian (complete sections 6 and 8)

Gift shares to an Individual or Entity (complete sections 7 and 8)

# 3. Individual or Joint Account to Trust or Entity Account

For Trust accounts, a complete copy of your trust agreement or a notarized Certificate of Trust is required. For Entity accounts, Entity documentation and a list of authorized signers are required.

NAME OF TRUST/ENTITY

SOCIAL SECURITY NUMBER/TAX I.D. #

TRUSTEE/AUTHORIZED SIGNER

TRUSTEE/AUTHORIZED SIGNER

Please attach a separate sheet if there are more than two trustees or authorized signers.

#### Signature Requirements:

- All current account owners must sign in section 8.

- If a current account owner is not listed as a trustee of the trust, they must obtain a signature guarantee in section 8.

- If reregistering to an Entity, all account owners must obtain a signature guarantee in section 8.

# 4. Remove or Add an Account Owner or Trustee

For Trust accounts, a complete copy of your trust agreement or a notarized Certificate of Trust is required.

ACCOUNT OWNER/TRUSTEE TO REMOVE

ACCOUNT OWNER/TRUSTEE TO REMOVE

ACCOUNT OWNER/TRUSTEE TO ADD

ACCOUNT OWNER/TRUSTEE TO ADD

#### Signature Requirements:

- All current account owners must sign in section 8.

- Any account owner or trustee to be removed must obtain a signature guarantee in section 8.

# 5. Relinquish UTMA/UGMA to Taxable Owner (taxable owner had reached age of majority)

Please note, the age of majority for UTMA/UGMA accounts differs by state.

NAME OF TAXABLE OWNER (FORMER MINOR)

#### Signature Requirements:

- The custodian must sign in section 8 and obtain a signature guarantee.

DATE OF BIRTH

## 6. Change Custodian on UTMA/UGMA (current custodian is resigning)

An application is not required. Please note that the new custodian must be an adult member of the minor's family, the guardian for the minor, or a trust company. Please complete the information below for the new custodian. In compliance with the USA PATRIOT Act, all mutual funds are required to obtain the information requested below for all registered account owners and all authorized Individuals. This information is used to verify your true identity. We will return the form if any of this information is missing, and we may request additional information for verification purposes.

NAME OF NEW CUSTODIAN			
SOCIAL SECURITY NUMBER/TAX I.D. #	DATE OF BIRTH		
PERMANENT STREET ADDRESS (P.O. BOX IS NOT ACCEPTABLE)	DAYTIME TELEPHONE NUMBER		
СІТҮ	STATE	ZIP CODE	
MAILING ADDRESS (IF APPLICABLE)	ALTERNATE TELEPHONE NUMBER		
СІТУ	STATE	ZIP CODE	
<b>Signature Requirements:</b> - The current custodian must sign in section 8 and obtain a signature guarantee. - The new custodian must sign below or they may submit a separate signed letter of a	cceptance.		
By signing below, I accept the appointment to act as the custodian on the account(s) referenced in section 1. I also confirm that the information listed above is correct.			

SIGNATURE OF NEW CUSTODIAN

# 7. Gift Shares to an Individual or Entity

An application is required if the recipient is subject to 1099-B reporting. The date of the gift is deemed the date we receive all documentation required to process the transfer unless otherwise noted. Note to recipient(s) of gift: For an account using the cost basis method of Average Cost and consisting of gifted shares acquired at a loss, the fair market value (FMV) of the gifted shares will be applied as the adjusted basis, unless this section is signed by the gift recipient. If FMV is not accepted, the first-in, first-out cost basis method will be applied unless an alternate method, other than average cost, is provided on the New Account Application.

DATE

Dollar amount to be gifted \$	Existing Account Number (not 1099-B reportable)
OR	OR
Number of shares to be gifted	□ New Account (an application must accompany the form)
NAME OF GIFT RECIPIENT	
SOCIAL SECURITY NUMBER/TAX I.D. #	DATE OF BIRTH
	ed shares referenced above. I understand the IRS requirement to utilize alternate cost basis method other than average cost on my Shareholder
SIGNATURE OF GIFT RECIPIENT	DATE
Signature Requirements: - The current custodian must sign in section 8 and obtain a signature gua	rantee.

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7. Gift Shares to an Individual or Entity (continued - if more than one gift recipient)		
Dollar amount to be gifted \$ OR	Existing Account Number (not 1099-B reportable) OR	
□ Number of shares to be gifted	☐ New Account (an application must accompany the form)	
NAME OF GIFT RECIPIENT		
SOCIAL SECURITY NUMBER/TAX I.D. #	DATE OF BIRTH	
	shares referenced above. I understand the IRS requirement to utilize ernate cost basis method other than average cost on my Shareholder	
SIGNATURE OF GIFT RECIPIENT	DATE	
Please attach a separate sheet if gifting to more than two recipients.		
<b>Signature Requirements:</b> - The current custodian must sign in section 8 and obtain a signature guarar	staa	
- The current customan must sign in section 8 and obtain a signature guaran		
8. Signature		
any actions taken as a result of the information I have provided. I understa	is accurate and agree to hold c/o U.S. Bank Global Fund Services harmless for and that I am responsible for any tax consequences which may result from the a officer of a bank, savings association, credit union, a member firm of a domestic	
□ Account Owner □ Trustee □ Custodian □ Other		
SIGNATURE OF CUSTODIAN	DATE SIGNED (MM/DD/YYYY)	
□ Account Owner □ Trustee □ Custodian □ Other		
SIGNATURE OF CUSTODIAN	DATE SIGNED (MM/DD/YYYY)	
□ Account Owner □ Trustee □ Custodian □ Other		
SIGNATURE GUARANTEE	DATE	