

DUPLICATE STATEMENT REQUEST FORM

Use this form to authorize Dunham to send duplicate statements, trade confirmations, and tax information for the account(s) referenced below to the party you name below. The person below may be a joint account owner or a person who is not an account owner. Your Interested Party does not have to be a financial professional. You do not need to submit a duplicate statement request form for your Financial Advisor on record.

Account Owner / Trustee Name Joint Account Owner / Trustee Name			Account Title	Account Title Financial Advisor Name	
			Financial Advisor Name		
Account Number(s)					
I. Interested Party		on your interested party below	N/		
First Name		Middle Name	••	Last Name	
Relationship to Owner			Company (if Applicable)		
Mailing Address (if different fr	rom Legal Address	:)			
Mailing Address Line 2					
City S	State / Province Zip / Postal Code				
☐ Statements ☐ Tax Information 3. Remove Interes	•	Interested Party that you h	nave previously granted access	to receiving duplicate account information.	
Remove ALL currently I	Interested Partie	es (Removal of a joint accou		d account representative from receiving duplicate	
Remove only the Interes	sted Party(ies) r	named below:			
Name Name		Name			
Name			Name		
1. Required Signat	` '	onal owners, use a copy of	this page.		
X			X		
Signature of Owner / Trustee		Date	Signature of Owner / Truste	ee Date	

Mail completed forms to Dunham & Associates, Attn: Client Services, PO BOX 910309, San Diego, CA 92191