



# IVA Funds Change of Dealer Authorization Form

Please complete this form to authorize IVA Funds to remove or change the financial advisor or financial intermediary designated on your IVA Funds account(s). This authorization must be signed by all registered shareholders on your account. Changing the financial intermediary information on your account will require authorization from the new firm.

**PLEASE PRINT ALL ITEMS CLEARLY**

**Mail To:** IVA Funds  
P.O. Box 219061  
Kansas City, MO 64121-9061

**Overnight Mail To:** IVA Funds  
430 W 7<sup>th</sup> Street  
STE 219061  
Kansas City, MO 64105-1407

For more information, call 1-866-941-4482 or visit the Funds' website at [www.ivafunds.com](http://www.ivafunds.com).

**1. Shareowner Name and Address – Must appear exactly as account is registered**

Shareowner's Name (First, Middle Initial, Last) or UGMA/UTMA Minor	Date of Birth (MM/DD/YYYY)	Social Security Number
Joint Owner's Name (First, Middle Initial, Last) or UGMA/UTMA Custodian	Date of Birth (MM/DD/YYYY)	Social Security Number
Name of Trust or Entity, if applicable	Trust Date (MM/DD/YYYY)	Taxpayer Identification Number
Street Address	Telephone Number	
City	State	Zip Code

**2. Existing Accounts – To be completed by the shareowner(s)**

I/We hereby authorize and direct you to substitute the dealer named below for the dealer designated in the original IVA Funds – New Account Application(s) executed by me/us.

All of my/our accounts  **OR** List your individual funds below:

Fund Name	Account Number or Plan ID Number
Fund Name	Account Number or Plan ID Number
Fund Name	Account Number or Plan ID Number

Check here if listing additional accounts on reverse side of this form.

**3. New Financial Intermediary Information – Must be completed. Chose A or B below.**

**A.  Remove the financial intermediary designated on my account(s).**

I have read and understand the following information below and authorize you to remove the current financial intermediary designated on my account(s).

- Certain mutual fund share classes include a sales charge which is intended to compensate a financial intermediary for their services. This charge applies whether or not I designate a financial intermediary on my account(s). In addition, some share classes pay on-going distribution and/or service fees. Like the sale charge, these fees are intended to compensate a financial intermediary for their services.
- If no financial intermediary is designated on my account, I will still pay these sales charges and/or fees and they will be retained by IVA Funds Distributors, LLC, the Funds' distributor.

- The Funds’ Prospectus outlines these fees in detail and their impact on your investment; refer to it if you have any questions or concerns. The Prospectus is available on the IVA Funds website.
- Shareholder Services can answer specific questions about your account(s); however, our representatives do not offer investment advice or make recommendations about your investment(s).

**B.  Update the financial intermediary information on my account(s).**

I hereby authorize you to change the current financial intermediary on my account(s).

- Your financial advisor should complete this section. Please note, missing or incomplete information may result in our failure to establish the financial intermediary.
- We confirm this dealer substitution and authorize and direct you to act as our Agent in accordance with the provisions of the IVA Funds mutual fund account(s) and the application referenced above. We hereby guarantee the genuineness of the shareowner signature(s) and represent to you that we are duly qualified and licensed to sell securities under the laws of the state set forth above as the address of the above shareowners and that we have executed a Dealer Sales Agreement with IVA Funds.

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Financial Advisor’s Name (First, Middle Initial, Last)	Financial Advisor’s ID Number	Financial Advisor’s Phone Number
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Name of Financial Advisor’s Firm	Branch Number
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Branch Office Address	Branch Office Phone Number
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City	State	Zip Code
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Main Office Address

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City	State	Zip Code
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**X**

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Authorized Signature of Financial Intermediary (Required), Title	Date (Month/Day/Year)
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**4. Authorization / Signature(s)**

I hereby authorize IVA Funds to remove or change the financial advisor or financial intermediary designated on my above noted IVA Funds account(s). All registered account owners/authorized individuals of the above account(s) must sign and date this form.

A Medallion Signature Guarantee or a Signature Verification Program (SVP) Stamp is required if the signer is not an authorized signer on the account(s). A medallion signature guarantee or SVP stamp may be obtained from a domestic bank or trust company, broker, dealer, clearing agency, savings association, or other financial institution which participates in a Medallion program recognized by the Securities Transfer Association.

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Print Name of Account Owner/Authorized Individual

Print Name of Co-Account Owner/Authorized Individual

**X**

**X**

Signature of Account Owner/Authorized Individual

Signature of Co-Account Owner/Authorized Individual

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Capacity (if applicable)

Date (Month/Day/Year)

Capacity (if applicable)

Date (Month/Day/Year)

*Affix Medallion Signature Guarantee or SVP Stamp Here:*