



THE ALLIANCE DEVELOPMENT FUND, INC.
5225 North Academy Blvd., Suite 200, Colorado Springs, CO 80918
(719) 268-2250 • FAX (719) 268-2259 • Toll Free (888) 878-3060
E-mail: adf@adf-inc.com • Web site: www.adf-inc.com

INVESTMENT CHANGE FORM

Please complete all appropriate sections using black or blue ink. You only need to fill in the sections that apply to your changes. This form may be returned by mail or fax. Please print.

1) **Grantor Name Change** (Apply to Account #(s) _____)

A.) Print **current** name(s) or title: _____

B.) Print **new** name(s) or title: _____

C.) Print **Social Security # or Tax ID** for the new name or title: _____

2) **Joint Owner Change** (Apply to Certificate #(s) _____)

A.) Print **new** name(s): _____

B.) Print **new** Joint Owner Social Security Number: _____

C.) Does the new Joint Owner replace the current Joint Owner? (circle one) YES NO

3) **Beneficiary Change** (Apply to Certificate #(s) _____)

A.) Print **new** name(s): _____

B.) Print **new** Beneficiary Social Security Number: _____

C.) Does the new Beneficiary replace the current Beneficiary? (circle one) YES NO

4) **Giftover Designation** (Apply to Account #(s) _____)

A.) Designate my certificate as a giftover to (circle one): ADF C&MA My Church

B.) If you selected "My Church", print Church Name _____

City, State _____

5) **Address/Phone # Change** (Apply to Account #(s) _____)

A.) Print **new** address: _____

B.) Print **new** phone #: _____

Signature _____ Date _____

Print Name _____ Phone # _____