400 OCEANGATE, SUITE 800 LONG BEACH, CA 90802 (562) 435 - 9033

UPDATE AGENCY FUND FORM

Please use this form to change the name of your fund or to remove/add a new fund advisor

NAME OF AGENCY FUND

	Fund ID	
licable)		
OR		
Middle Initial	Last Name	Suffix
Email Address		
Middle Initial	Last Name	Suffix
	Effective Date	
Email Address		
	Middle Initial Email Address Middle Initial	DR Middle Initial Last Name Email Address Middle Initial Last Name Effective I



4. ADDITIONAL COMMENTS	
Use the space below if you would like to document a	ny additional information about the changes you have requested.
5. SIGNATURE	
	ign it, and return it to LBCF via email or U.S. Postal mail.
	ign it, and return it to LBCF via email or U.S. Postal mail.
Insert electronic signature below or print this form, s	
5. SIGNATURE Insert electronic signature below or print this form, s Printed Name	ign it, and return it to LBCF via email or U.S. Postal mail. Title
Insert electronic signature below or print this form, s	Title
Insert electronic signature below or print this form, s	
Insert electronic signature below or print this form, s	Title Date

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UPDATED 2/19/2021

Internal Use Only: Fund ID: