



DIVIDEND CHANGE REQUEST

214 W. 9th Street
Onaga, KS 66521-0420
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income@mainstartrust.com

Please Print or Type

1. Accountholder Information

Account Name:	
Account Number:	

2. Dividend Election

Asset Name	Dividend Option		Percentage Election
	Cash	Reinvest	Choose One – Partial Percentage Must Total 100%
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Change 100% of dividends (default if no election made) <input type="checkbox"/> Partial percentage: _____% Cash _____% Reinvest
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Change 100% of dividends (default if no election made) <input type="checkbox"/> Partial percentage: _____% Cash _____% Reinvest
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Change 100% of dividends (default if no election made) <input type="checkbox"/> Partial percentage: _____% Cash _____% Reinvest
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Change 100% of dividends (default if no election made) <input type="checkbox"/> Partial percentage: _____% Cash _____% Reinvest
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Change 100% of dividends (default if no election made) <input type="checkbox"/> Partial percentage: _____% Cash _____% Reinvest
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Change 100% of dividends (default if no election made) <input type="checkbox"/> Partial percentage: _____% Cash _____% Reinvest

If you are changing to cash dividends and would like to have them sent to you, a Mainstar Trust Distribution Request must be completed and provided to Mainstar.

3. Special Instructions

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4. Signatures

_____ Accountholder Signature	_____ Representative Signature
_____ Date	_____ Date