

SOUTHEAST INVESTMENTS, N.C., INC.

MUTUAL FUND CHANGE OF DEALER AUTHORIZATION FORM

DATE _____ MUTUAL FUND COMPANY _____

ACCOUNT TITLE REGISTRATION

This letter is your authorization to change the broker/dealer and representative information on the accounts referenced below:

	FUND NAME	FUND ACCOUNT #
(1)	_____	_____
(2)	_____	_____
(3)	_____	_____
(4)	_____	_____
(5)	_____	_____

Please change the information on these accounts to reflect the following:

NEW BROKER/DEALER NAME and ADDRESS:

Southeast Investments, N.C., Inc.
820 Tyvola Road, Suite 104
Charlotte, NC 28217

NEW BROKER/DEALER FUND NUMBER _____

NEW REPRESENTATIVE NAME _____

NEW REPRESENTATIVE NUMBER _____

Please also send copies of future statements to Southeast Investments, N.C., Inc. home office at the address listed above.

Client Signature

Joint Client Signature (if applicable)

BY _____
Southeast Investments, N.C., Inc.