



# LESKO SECURITIES, INC.

## CHANGE OF DEALER REQUEST

Date: \_\_\_\_\_

Please refer to the following Fund & Account Number(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Kindly consider this letter your authorization to effect a Change of Dealer for the above account.

**Former Dealer:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Rep Name/Number:**

\_\_\_\_\_

**To:** LESKO SECURITIES, INC.  
CENTRE PLAZA  
53 CHENANGO ST, SUITE 200  
PO BOX 1890  
BINGHAMTON, NY 13902-1890

**Rep Name/Number:**

\_\_\_\_\_

Confirmation from you as to receipt of these instructions will be greatly appreciated.

Very Truly Yours,

\_\_\_\_\_

Present Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_