



FINANCIAL ADVISOR AND BROKER DEALER CHANGE AUTHORIZATION FORM

Send to:

Terra Income Fund 6, Inc.
c/o DST Systems
PO Box 219686
Kansas City, MO 64121-9686
Fax: (855) 247-7429

Use this form to change the financial advisor and/or broker-dealer servicing your investment. Your new financial advisor will have the information you need to complete this form. Please note signatures are required from your new financial advisor as well as a principle of the new broker dealer in order to authorize the change. If you are keeping the same financial advisor but changing broker dealers you still need to complete this form. All account holders must sign this form.

My interest is registered as follows: Account Number: _____

Name of Fund: **Terra Income Fund 6, Inc.**

Title: _____

Address: _____

City, State, Zip: _____

IRS Tax Identification Number: _____

Email Address: _____ Telephone: _____

Please change the financial advisor servicing my account to the following:

New Advisor Information:

Name: _____ Representative CRD # _____

Office Address: _____

Telephone Number: _____ - _____ - _____

Email Address: _____

Name of New Broker Dealer: _____



TERRA INCOME FUND 6

Broker Dealer Address: _____

Telephone Number of New Broker Dealer: _____ - _____ - _____

Signature of Primary Account Holder Date

Signature of Secondary Account Holder Date

Signature of New Advisor

Date

Signature of Broker Dealer Principal

Date

Printed Name of Broker Dealer Principal

Date