



**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, INC.**

805 Third Avenue, 8th Floor, New York, NY 10022



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# TERRA INCOME FUND 6

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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