



## ADVISOR / DEALERSHIP CHANGE FORM

### Client Identification (Required)

First Name

Last Name

Full Name of Advisor

Name of Dealership

#### Investment with ICM (Select all that apply)

ICM Property Partners Trust

ICM Crescendo Music Royalty Fund

ICM Balanced Real Estate Trust

I, \_\_\_\_\_, authorize ICM and/or its affiliates, to disclose to, discuss with, and correspond with \_\_\_\_\_ of \_\_\_\_\_ any and all of my personal information in respect to my ICM investment accounts. I also authorize ICM to recognize \_\_\_\_\_ of \_\_\_\_\_ as the sole servicing representative and agent on record in respect to any investment that I have with ICM. This includes compensation or remuneration earned from my investment in ICM.

This Authorization replaces any previous direction regarding disclosure of my personal information, and any previous serving representative or Agent of Record arrangement.

Effective of \_\_\_\_\_  
(dd/mm/yyyy)

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Authorized Signature from Dealership

\_\_\_\_\_  
Name, Title (Please Print)