BRAEMAR
HOTELS & RESORTS

Computershare

Computershare
PO Box 505013
Louisville, KY 40233-5013
www.computershare.com/advisorportal
advisorportalsupport@computershare.com

Computershare Account Number

C

Company Name

Financial Advisor / Financial Institution Account Maintenance Form

PLEASE PRINT CLEARLY

1. INVESTOR INFORMATION

A Provide the Account Name or Registration exactly as it appears on the account, including ALL names / entities listed on the account

B Current Street Address / PO Box (Complete steps F through H to update the current address) Apt. / Unit Number

C City State Zip Code

D Daytime Telephone Number

E Social Security Number (SSN) or Employer Identification Number (EIN) ***(do not use hyphens)*** SSN ☐ EIN ☐

F ☐ Check here if you wish to update the current address.

New Address, if applicable: If you checked the box for Item F above, please provide the new address.

G New Street Address / PO Box Apt. / Unit Number

H City State Zip Code

E X X X

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Computershare

2. INVESTOR'S FINANCIAL ADVISOR INFORMATION

This section must include information for both the Financial Advisor and the Financial Advisor's Institution in order to add a Financial Advisor to the account. Please note, the investor must sign in the "Investor's Signature" section (section 3) in order to grant consent for the investor's Financial Advisor and Financial Advisor's Institution to have view-only access to all account information. If any part of this section is left blank or is incomplete, no Financial Advisor will be added to the account and the Financial Advisor will not have access to the Advisor Portal.

FINANCIAL ADVISOR INFORMATION

A Name

B CRD Number Assigned by FINRA

C Telephone Number (do not use hyphens) Ext.

D E-mail Address (This email address will be used as the login username on Computershare's advisor portal)

E Street Address / PO Box Apt. / Unit Number

F City State Zip Code

FINANCIAL ADVISOR'S INSTITUTION INFORMATION

G Financial Institution Name

H CRD Number Assigned by FINRA

I Telephone Number (do not use hyphens) Ext.

J Street Address / PO Box Apt. / Unit Number

K City State Zip Code

3. INVESTOR'S SIGNATURE

By signing below, the investor(s) gives consent to Computershare to grant view-only access of all account information to the Financial Advisor and the Financial Advisor's Institution if provided in section 2 above. Such consent will remain in place until the account holder notifies Computershare to revoke such consent.

Signature 1 Signature 2 (if applicable) Date (mm / dd / yyyy)

Mail completed form to:

Regular Mail:
Computershare
PO Box 505013
Louisville, KY 40233-5013

Overnight/certified/registered delivery:
Computershare
462 South 4th Street, Suite 1600
Louisville, KY 40202

For additional inquiries, please e-mail us at advisorportalsupport@computershare.com.