

INVESTMENT ADVISER SUCCESSION FORM



1. INVESTMENT ADVISER SUCCESSOR INFORMATION

Full Legal Name of Successor:

Former Name (if applicable):

Email Address:

CRD #:

2. PAYMENT INFORMATION

Please submit your \$50 succession fee payable to the **Department of Financial Institutions**.

Signature:

Date:

3. MAILING INFORMATION

Please mail this form along with payment to:

Department of Financial Institutions
Securities Division
Attn: Investment Adviser Licensing
PO Box 9033
Olympia, WA 98507-9033