

NOTICE

THIS FORM IS REQUIRED TO BE ENCLOSED BY REGULATION BUT YOU ARE UNDER NO OBLIGATION TO USE IT. COMPLETE ONLY IF YOU NO LONGER WISH TO USE OUR SERVICES. OTHERWISE, PLEASE DISCARD

TO: Compliance Department
ATTN: Stefanie Boykin
First Vice President
Davenport & Company LLC
P.O. Box 85678
Richmond, VA 23285-5678

FROM: _____
*Name of account holder authorized to terminate these Davenport's
services. (please print)

*Name of Plan (please print)

*Account number(s)

SUBJECT: Termination of Authorization

This is to notify you that I wish to **terminate** the authority given to Davenport & Company LLC (Davenport) to effect security transactions for the above-referenced account. I certify that I am a authorized account holder. **I understand this termination is effective when Davenport receives this form.**

Signature

Date

We cannot act on your instructions without this information.