

NOTICE

The U.S. Department of Labor's Amendment to and Partial Revocation of Prohibited Transaction Exemption (PTE) 86-128 for Securities Transactions requires us to send you this form in lieu of requiring your signature on a new contract to authorize services annually.

RETURN THIS FORM ONLY IF YOU WISH TO TERMINATE SERVICE.

- The authorization you have granted to Davenport & Company LLC to effect transactions in your account is terminable at will, without penalty, upon receipt of a written notice;
- If you do not return this form, or some other written notification of the intent to terminate the authorization, within 30 days from the date of this notice, your authorization will continue and we will continue to engage in covered transactions on behalf of your account.

TO: Compliance Department
ATTN: Alison Leslie Lewis, Senior Vice President
Davenport & Company LLC
P.O. Box 85678
Richmond, VA 23285-5678

FROM: _____
*Name of authorizing IRA Account owner, fiduciary or Plan official with authority to terminate these Davenport services. (please print)

*Name of Plan or Title of IRA Account (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 to effect security transactions for the above-referenced account. I certify that I am the owner of the IRA Account, or a designated fiduciary of the Plan.

Client Signature

Date

RETURN THIS FORM, TO THE ADDRESS ABOVE, ONLY IF YOU WISH TO TERMINATE SERVICE.

5/16/2018