



1 Client Information *(Please check one box and print name in full)*

Account Holder *(please check one box and print name in full)* Mr. Mrs. Ms. Dr. Corporate

Last Name First Name Initial Social Insurance Number

Co-Account Holder *(please check one box and print name in full)* Mr. Mrs. Ms. Dr. Corporate

Last Name First Name Initial Social Insurance Number

2 Account Holder(s) Acknowledgement and Authorization

1. I/we own securities which were purchased on redemption charge (deferred sales charge/back-end load) basis in my/our account. Those securities are no longer subject to a redemption charge because the units are free units or matured units.
2. I/we authorize GP Wealth Management Corporation (the "dealer") to give instructions on my/our behalf to an Intermediary Company or Fund Company to switch or exchange free units or matured units of the mutual funds I/we currently own in accordance with my/our specific instructions for each transaction.
3. I/we understand that although the switch or exchange of free units may provide the benefit of reducing the deferred sales charge (DSC) before the DSC schedule expires as outlined in the prospectus and/or accumulating free units may reduce deferred sales charges (DSC) that the following points have been acknowledged as part of the transaction:
 - a) I/we acknowledge and consent that upon receipt by an Intermediary Company and/or Fund Company of a certified copy of this consent and disclosure form the Intermediary Company and/or Fund Company may rely on this to carry out a switch or exchange of free unit or matured unit as outlined in the prospectus of the mutual fund(s) I/we currently own.
 - b) I/we understand that typically, the front end load units into which the deferred sales charge units are switched or exchanged may entitle the Dealer and my Advisor to a higher trail/service fee commission as outlined in the prospectus of the mutual fund(s) I/we currently own.
 - c) I/we understand that the switch or exchange of free units or matured units may have tax implications if it is considered a disposition for tax purposes.

3 Account Holder(s) Signature Required

_____ _____
Account Holder's Signature MM/DD/YYYY Co-Account Holder's Signature MM/DD/YYYY

4 Financial Advisor Signature Required

Financial Advisor Signature FA Name & Dealer Number MM/DD/YYYY

Note:
Please be aware that some Mutual Fund Companies may require their prescribed form be sign by the client. Please contact investor services at 1-800-608-7707 if you require verification of which prescribed for must be used.