



Submit with GP Wealth Management Financial Account Change Form at time of purchase

GP Plan ID Number (Required)

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 _____ DOB (MM/DD/YYYY) _____

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

Last Name _____ First Name _____ Initial _____ DOB (MM/DD/YYYY) _____

Name Of Fund Company (Funds Being Redeemed) _____ Account Number _____

Total Estimated Redemption Charges/Penalties _____ Commission Rebated (\$ and % of new Purchase Amount) _____

General Tax Consequences of Redemption/Transfer Explained Yes No

2 New Funds Being Purchased

Fund Code Mandatory	Fund Name	Account Number	Amount	New Fee Schedule (# years, starting %)
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
Total Purchase Amount			\$	

- Please indicate amount of purchase prior to the commission rebate.
- Rebate cannot be greater than the total commission earned on the transaction.
- Client must be made aware of the commission structure for the funds being purchased (e.g. new DSC schedule and time frame for charges they would incur).

Special Instructions

The undersigned, on behalf of GP Wealth Management Corporation, hereby certify(ies) that the above transaction has been undertaken in compliance with all the applicable laws and regulations, including the disclosure requirements of National Instrument 81-105. I/we understand and consent to the above transaction(s).

3 Account Holder(s) Signature Required

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

4 Dealer/Financial Advisor Signature Required

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

Dealer Officer/Branch Manager Signature _____ DO/BM Name _____ MM/DD/YYYY