



GP Plan ID Number (Required)

☐ Leverage Plan (Attach Leverage Meeting Form)

## 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

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

Last Name First Name Initial

## ② Trade Rationale

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> DSC to DSC                   | <input type="checkbox"/> FE/No Load to DSC     | <input type="checkbox"/> Redemption/re-purchase (same fund family) |
| <input type="checkbox"/> Switch with fees             | <input type="checkbox"/> 10% free unit to cash | <input type="checkbox"/> Redemption into cash                      |
| <input type="checkbox"/> Short term trade (90 days <) | <input type="checkbox"/> DSC with < then 3 yr. | <input type="checkbox"/> Other _____                               |

## ③ Dealer/Financial Advisor Signature Required

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

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