



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 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)

**2 Client Contact Details**

Who initiated the trade? ☐ Client ☐ Financial Advisor

Method of communication? ☐ Phone ☐ In Person ☐ Email ☐ Other

Investor phone number used for call? Time of call: ☐ AM ☐ PM

Date of agreement to the trade?  
MM/DD/YYYY

**3 Trade Details and Rationale**

Will there be commissions payable to you (the advisor) (other than Service Fees)? ☐ YES ☐ NO

If yes, has the commission fees been explained to the client? ☐ YES ☐ NO

Will there be DSC charges on the trade? ☐ YES ☐ NO

If yes, have the charges been explained to the investor? ☐ YES ☐ NO

Will there be any tax implications with this trade? ☐ YES ☐ NO

If yes, have the tax implications been explained to the client? ☐ YES ☐ NO

Has the client received a prospectus and financial statements for any funds they are purchasing but do not currently own? ☐ YES ☐ NO

If no, please explain?

☐ DSC to DSC ☐ FE/No Load to DSC ☐ Redemption/re-purchase (same fund family)  
☐ Switch with fees ☐ 10% free unit to cash ☐ Redemption into cash  
☐ Short term trade (90 days <) ☐ DSC with < then 3 yr. ☐ Other

Note: This original document must accompany all trades initiated under Limited Trading Authorization

**4 Dealer/Financial Advisor Signature Required**

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

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