



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 Financial Advisor Information

From: _____

Relinquishing Financial Advisor's Name

Dealer and Financial Advisor Number

To: _____

New Financial Advisor's Name

Dealer and Financial Advisor Number

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

☐ I have reviewed the Account Holders(s) current KYC Information on file and verify that there are no material changes at this time.

☐ I have reviewed and updated the Account Holders(s) KYC Information.

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

Note:

Please forward this request to GP Wealth Management Corporation: Registration and Compliance. GP Wealth Management Corporation will change the client on the systems and forward a change of Financial Advisor to the Fund Company or Intermediary involved.