GP WEALTH MANAGEMENT
INDEPENDENT THINKING WORKING FOR YOU

Reset Form

Leverage Meeting Form

GP Plan ID Number (Required)

❶ 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)

❷ Investment Loan Information

Loan Type (check all that apply):

☐ 3:1 Leverage ☐ 2:1 Leverage ☐ 1:1 Leverage ☐ 100% Loan ☐ Other: ______

☐ Interest Only ☐ Principal and Interest ☐ Variable Rate ☐ Fixed Rate

Current Loan Amount | Original Loan Amount | Term of Loan | Interest Rate | Market Value of Collateral | % of all investment loans to total net worth: | TDSR

❸ Meeting Notes

Investment & Loan Review: ☐ Your investments performance ☐ General market and economic ☐ Portfolio rebalancing

Reports

☐ Investment Report

☐ Leverage Plan Report

☐ Loan Report

Attachments

☐ Advisor/Client Notes

☐ KYC Update

☐ Unsuitable Position/ Transaction From

❹ Account Holder Acknowledgment

My/our Financial Advisor has discussed investment portfolio performance and leverage strategy of the above-mentioned account with me/us. Based on the discussion, I/we agree to:

☐ Maintain the present composition of my/our investment plan.

☐ Rebalance the investment plan to reflect changed market conditions and/or my/our personal situation.

☐ Liquidate present holdings in the plan and pay off my/our obligations.

☐ Other: ______

X

Account Holder's Name | Account Holder's Signature | MM/DD/YYYY

X

Co-Account Holder's Name | Co-Account Holder's Signature | MM/DD/YYYY

❺ Financial Advisor Acknowledgment

☐ I had a face to face meeting with the account holder(s).

☐ I had a telephone conversation with account holder(s).

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

X

Financial Advisor's Name/Number | Financial Advisor's Signature | MM/DD/YYYY