

G P WEALTH MANAGEMENT

GP Plan ID Number (Required)

Client Information (Please check one box and print name in full)

Last Name	First Na	me		 	 	 	 Initial	DOB (MM/DD/YYYY)
Co-Account Holder (please check one box and print name	e in full)		Mr.	Mrs.	Ms.	Dr.	Corporate	
Last Name	First Na	me		 	 	 	 Initial	DOB (MM/DD/YYYY)

- I/We acknowledge that the following position(s) in my/our above-mentioned plan is/are unsuitable based on my/our
 KYC profile on file with GP Wealth Management Corporation.
- My/our Financial Advisor has explained that the position(s) in my/our above-mentioned plan is/are unsuitable based on my/our KYC profile on file with GP Wealth Management Corporation.
- I/We acknowledge that GP Wealth Management Corporation reserves the right to decline an unsuitable transaction in my/our above-mentioned plan

2 Transaction Information

Fund Code Mandatory	Account No.	Fund Name	Amount
			\$
			\$
			\$
			\$

Additional Comments:

Account Holder(s) Signature Required

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Account Holder's Signature

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

MM/DD/YYYY

Financial Advisor Signature Required

Χ

Financial Advisor Signature

FA Name & Dealer Number

MM/DD/YYYY

6 Dealer Use Only

Comments:

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Compliance Officer Signature