

1025

DATE \_\_\_\_\_

PAY TO THE  
ORDER OF \_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_ DOLLARS



Security Features  
Included  
Details on Back

MEMO \_\_\_\_\_

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Not for Production Use

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**Important Note:** The below information helps us comply with various securities regulations and rules and the USA PATRIOT Act, a Federal law that requires all securities firms to obtain, verify, and record information that identifies each applicant. The information also helps us more fully understand your investment profile and identify what types of investments or strategies may be appropriate for you. **Please note:** If we cannot verify the information you provided, we may be required to restrict or deny your account.

Please remember to notify us if you experience a significant life change, such as the birth of a child, marriage, divorce, death of a spouse, loss of a job, change in financial situation, etc.

**PERSONAL INFORMATION**Name: First bhanu Middle    Last testingSocial Security Number 124-85-4548 Email PPPPP@gmai.comBirthdate 12/16/2021 Marital Status ☒ Single ☐ Married ☐ WidowedPhysical Address (Required - No P.O. Boxes) HOMECity Hazelton State AL ZIP Code 26525 Country of Citizenship US☒ Check this box if your mailing address is the same as your Physical AddressMailing Address (if different)  City   State   ZIP Code  Mobile Phone (155) 554-6856 Home Phone  Employment Status ☒ Employed ☐ Self Employed ☐ Unemployed ☐ RetiredOccupation teacherEmployer Name 1 GPA 401kEmployer Address 1910 W Washington StCity Phoenix State AZ ZIP Code 85009

Are you or any member of your immediate family affiliated with or employed by a registered broker/dealer, a municipal securities dealer, a securities exchange or the FINRA? ☒ No ☐ Yes (If yes, you must submit a compliance letter)

Are you an officer, director or 10% or more shareholder of a public company? ☒ No ☐ Yes

If yes, company name  

Are you or any member of your immediate family a politically exposed person (an individual with a high-profile political role, or who has been entrusted with a prominent public function)? ☒ No ☐ Yes

Identification Type: ☐ Driver License ☐ Passport ☒ Identification Card ☐ Other  ID Number 1854 J9878YH7 State of Issuance IA Expiration Date 09/13/2022

## FINANCIAL INFORMATION

<b>Annual Income</b> <input type="checkbox"/> \$25,000 and Under <input checked="" type="checkbox"/> \$25,001-\$50,000 <input type="checkbox"/> \$50,001-\$100,000 <input type="checkbox"/> \$100,001-\$250,000 <input type="checkbox"/> \$250,001-\$500,000 <input type="checkbox"/> Over \$500,000 <p>Annual Income includes income from sources such as employment, alimony, social security, investment income, etc.</p>	<b>Net Worth (excluding your residence)</b> <input type="checkbox"/> \$25,000 and under \$ _____ <input checked="" type="checkbox"/> \$25,001-\$50,000 <input type="checkbox"/> \$50,001-\$200,000 <input type="checkbox"/> \$200,001-\$500,000 <input type="checkbox"/> \$500,001-\$1,000,000 <input type="checkbox"/> \$1,000,001-\$3,000,000 <input type="checkbox"/> Over \$3,000,000 <p>Net Worth is the value of your assets minus your liabilities. For purposes of this application, assets include stocks, bonds, mutual funds, other securities, bank accounts, and other personal property. Do not include your primary residence among your assets. For liabilities, include any outstanding loans, credit card, balances, taxes, etc. Do not include your mortgage.</p>	<b>Liquid Net Worth</b> <input checked="" type="checkbox"/> \$25,000 and under \$ _____ <input type="checkbox"/> \$25,001-\$50,000 <input type="checkbox"/> \$50,001-\$200,000 <input type="checkbox"/> \$200,001-\$500,000 <input type="checkbox"/> \$500,001-\$1,000,000 <input type="checkbox"/> \$1,000,001-\$3,000,000 <input type="checkbox"/> Over \$3,000,000 <p>Liquid Net Worth is your net worth minus assets that cannot be converted quickly and easily into cash, such as real estate, business equity, personal property, automobiles, expected inheritances, assets earmarked for other purposes, and investments or accounts subject to substantial penalties if they were sold or if assets were withdrawn from them.</p>		
<b>Federal Tax Rate (highest marginal)</b> <input type="checkbox"/> 0-15% <input checked="" type="checkbox"/> 16-25% <input type="checkbox"/> 26-30% <input type="checkbox"/> 31-35% <input type="checkbox"/> Over 35% <p>Federal Tax Rate is your highest marginal Federal tax rate based on your adjusted gross income. Do not include your state or local tax rate.</p>	<b>Annual Expenses (recurring)</b> <input checked="" type="checkbox"/> \$50,000 and under \$ _____ <input type="checkbox"/> \$50,001-\$100,000 <input type="checkbox"/> \$100,001-\$250,000 <input type="checkbox"/> \$250,001-\$500,000 <input type="checkbox"/> Over \$500,000 <p>Annual expenses might include mortgage payments, rent, long-term debts, utilities, alimony, child support payments, etc.</p>	<table border="0"> <tr> <td data-bbox="1047 798 1364 1218"> <b>Special Expenses (future, non-recurring)</b>  <input type="checkbox"/> No special expenses  <input checked="" type="checkbox"/> \$50,000 and under  <input type="checkbox"/> \$50,001-\$100,000  <input type="checkbox"/> \$100,001-\$250,000  <input type="checkbox"/> \$250,001-\$500,000  <input type="checkbox"/> Over \$500,000  <p>Special expenses might include a home purchase, remodeling a home, a car purchase, education, medical expenses, etc.</p> </td> <td data-bbox="1364 798 1554 1218"> <b>Timeframe</b>  <input checked="" type="checkbox"/> Within 2 yrs  <input type="checkbox"/> 3-5 yrs  <input type="checkbox"/> 6-10 yrs </td> </tr> </table>	<b>Special Expenses (future, non-recurring)</b> <input type="checkbox"/> No special expenses <input checked="" type="checkbox"/> \$50,000 and under <input type="checkbox"/> \$50,001-\$100,000 <input type="checkbox"/> \$100,001-\$250,000 <input type="checkbox"/> \$250,001-\$500,000 <input type="checkbox"/> Over \$500,000 <p>Special expenses might include a home purchase, remodeling a home, a car purchase, education, medical expenses, etc.</p>	<b>Timeframe</b> <input checked="" type="checkbox"/> Within 2 yrs <input type="checkbox"/> 3-5 yrs <input type="checkbox"/> 6-10 yrs
<b>Special Expenses (future, non-recurring)</b> <input type="checkbox"/> No special expenses <input checked="" type="checkbox"/> \$50,000 and under <input type="checkbox"/> \$50,001-\$100,000 <input type="checkbox"/> \$100,001-\$250,000 <input type="checkbox"/> \$250,001-\$500,000 <input type="checkbox"/> Over \$500,000 <p>Special expenses might include a home purchase, remodeling a home, a car purchase, education, medical expenses, etc.</p>	<b>Timeframe</b> <input checked="" type="checkbox"/> Within 2 yrs <input type="checkbox"/> 3-5 yrs <input type="checkbox"/> 6-10 yrs			

## INVESTMENT EXPERIENCE AND ASSET ALLOCATION

Financial investment experience and allocation of assets including those not held with PlanMember but part of your overall portfolio. **This should reflect current holdings as of the date this form is completed and signed.**

Investment Type	Years Experience	Approximate Allocation
Bank Accounts: (Checking, Savings, CDs; etc.)	<input type="checkbox"/> 0 <input checked="" type="checkbox"/> 1-5 <input type="checkbox"/> 5+	26.46 %
Stocks	<input type="checkbox"/> 0 <input checked="" type="checkbox"/> 1-5 <input type="checkbox"/> 5+	15.87 %
Bonds	<input type="checkbox"/> 0 <input checked="" type="checkbox"/> 1-5 <input type="checkbox"/> 5+	10.58 %
Mutual Funds	<input type="checkbox"/> 0 <input checked="" type="checkbox"/> 1-5 <input type="checkbox"/> 5+	47.09 %
Options	<input type="checkbox"/> 0 <input type="checkbox"/> 1-5 <input type="checkbox"/> 5+	_____ %
Variable Annuities	<input type="checkbox"/> 0 <input type="checkbox"/> 1-5 <input type="checkbox"/> 5+	_____ %
Fixed Index Annuities	<input type="checkbox"/> 0 <input type="checkbox"/> 1-5 <input type="checkbox"/> 5+	_____ %
Fixed Insurance: (Fixed Annuities, Life Insurance; etc.)	<input type="checkbox"/> 0 <input type="checkbox"/> 1-5 <input type="checkbox"/> 5+	_____ %
Alternative Investments: (REITs, LP's, etc.)	<input type="checkbox"/> 0 <input type="checkbox"/> 1-5 <input type="checkbox"/> 5+	_____ %
Other	<input type="checkbox"/> 0 <input type="checkbox"/> 1-5 <input type="checkbox"/> 5+	_____ %
		<b>100 %</b>

## ELECTRONIC DELIVERY OF DISCLOSURE DOCUMENTS

Please Go Green! We encourage all account holders to help us reduce paper waste by consenting to electronic delivery of account-related documents. If you would prefer paper delivery of these documents, indicate your preference by checking the appropriate box(es) below. If you do not check the boxes below, you are confirming that you prefer to have your documents delivered electronically.

**Quarterly Account Statements:** Unless the box below is checked, the undersigned consents to electronic delivery of PlanMember account statements. These documents will be delivered via email with a link to a website for viewing the documents. You must establish a user ID and password to be able to view account statements. Please note that this election does not affect statements produced by companies other than PlanMember, such as mutual fund companies or insurance companies who issue their own statements.

☐ I DO NOT want my quarterly PlanMember account statements delivered electronically and would prefer to receive paper copies instead. I understand that there is a charge of \$2.50 per statement for each paper statement.

**Trade Confirmations, Custodial Agreements, ADV Part 2A Brochure, Form CRS, Reg BI Disclosures and Mutual Fund and Variable Annuity Disclosure Documents:** Unless the box below is checked, the undersigned consents to electronic delivery of the following account-related documents: trade confirmations, custodial agreements, ADV Part 2A Brochures (if applicable), Form CRS, Reg BI disclosures, prospectuses, summary prospectuses, statements of additional information, semi-annual and annual reports and proxy requests. Transaction confirmations will be delivered via email with a link to a website for viewing the documents. You must establish a user ID and password to be able to view account statements. All other documents can be accessed through the PlanMember Disclosures website at [planmember.com/disclosures](http://planmember.com/disclosures). You will not need to establish a user ID and password to access the documents on this site. For mutual funds, this consent applies to the initial and ongoing delivery of all fund-related disclosure documents. For variable annuities, this consent applies only to the initial delivery of the variable annuity prospectus. All subsequent disclosure documents will be delivered directly by the issuer of the variable annuity and electronic delivery preferences must be established with the product issuer.

☐ I DO NOT want the documents described above delivered electronically and would prefer to receive paper copies instead. There is a charge of \$1.00 for each paper trade confirmation.

**Note:** If you check this box, your PlanMember Financial Professional will provide you with any required initial copies of these documents.

There is no charge for electronic delivery of the documents described above, though you may incur charges from your internet service provider for accessing the internet. Your consent for electronic delivery will remain in effect until it is revoked by you. You may change your electronic delivery preferences online by logging in to the account access website or by contacting the PlanMember Service Center at (800) 874-6910. Regardless of your consent for electronic delivery, you may request paper copies of any of the above listed documents by contacting the PlanMember Service Center at (800) 874-6910.

**TRUSTED CONTACT:** We encourage you to add a trusted contact to your account. By naming a trusted contact, you authorize us to communicate with that person if necessary and in the interest of protecting your account assets. There are several reasons we may communicate with your trusted contact, including reasonable suspicion of financial exploitation if we become concerned you are, or may become, a victim of fraud through deception or intimidation. Or, if we become concerned you are experiencing diminished capacity due to a mental or physical impairment. A trusted contact should be a person you would trust to provide an informed and objective assessment about your whereabouts, well-being, and health status. If you would like to provide us with a "Trusted Contact Person" please notify your PlanMember Financial Professional or contact us at 800-874-6910.

**Note:** To be eligible for electronic delivery, you MUST provide a valid email address in the Personal Information/Account Type section. If you do not provide an email address you will be deemed to have elected paper delivery and be subject to the charges described above.

## SIGNATURE AND ACCEPTANCE

*I, the undersigned, have received and agree to the terms and conditions set forth in the PlanMember Client Agreement and under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and 3. I am a U.S. citizen or other U.S. person (defined below); and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.*

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

This section only applies if updates were made to this form after your initial reviews and signature. Please sign and date.

**I acknowledge the updates made to this document subsequent to my original signature and affirm that I have reviewed and that they are accurate.**

Client Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/20\_\_\_\_



To make any future changes to the information contained in this form, please call the PlanMember Service Center at (800) 874-6910

**FOR PLANMEMBER FINANCIAL PROFESSIONAL USE ONLY**

☒ I certify that the government issued identification presented to me bears the likeness of the individual establishing the account.

☐ I was unable to verify the client identity through the identification documents presented.

PlanMember Financial Professional (Print Name) Bill Devine Rep ID Number NY476EG

PlanMember Financial Professional Signature \_\_\_\_\_ Date \_\_\_\_\_



**PERSONAL INFORMATION**

Provide information for the account holder, person establishing the account or primary authorized signer for the account.

Name: First bhanu MI  Last testing

Social Security Number 124-85-4548 Email Address PPPPP@gmai.com
**ACCOUNT REGISTRATION**

- ☒ **This account will be an Employer-Sponsored or Individual Retirement Account.**  
**For 403(b) and 457(b) accounts, also check all applicable contribution types.**
- ☒ This will be a Platform Account  
☐ This will be a Direct Account

**Employer-Sponsored Accounts\***

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> <b>403(b) Contribution Types</b><br><input type="checkbox"/> Traditional Employee (pre-tax)<br><input type="checkbox"/> Roth Employee (post-tax)**<br><input type="checkbox"/> Employer | <input type="checkbox"/> <b>457(b) Contribution Types</b><br><input type="checkbox"/> Traditional Employee (pre-tax)<br><input type="checkbox"/> Roth Employee (post-tax)** | <input type="checkbox"/> Optional Retirement Plan (ORP)<br><input type="checkbox"/> Profit Sharing Plan (Investment Only)<br><input type="checkbox"/> 401(a) (Investment Only)<br><input type="checkbox"/> 401(k)<br><input type="checkbox"/> Solo 401(k) (Investment Only)*<br><input type="checkbox"/> Roth Solo 401(k) (Investment Only)*<br><input type="checkbox"/> Defined Benefit Plan<br><input type="checkbox"/> Defined Contribution Plan<br><input type="checkbox"/> Other Employer-Sponsored (specify type) _____ |
|--|---|---|

**Individual Retirement Accounts**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Traditional IRA<br><input type="checkbox"/> Roth IRA | <input type="checkbox"/> Inherited IRA***<br><input type="checkbox"/> Inherited Roth IRA*** | <input type="checkbox"/> SIMPLE IRA*<br><input checked="" type="checkbox"/> SEP IRA* |
|---|---|--|

**\*For Employer-Sponsored, Solo 401(k), SIMPLE IRA, and SEP IRA Accounts:**

Employer Name: 1 GPA 401k Date of Hire: 05/11/2022
**\*\*For transferring Roth 403(b)/457(b) accounts only:**

Past Roth Contributions \$ \_\_\_\_\_ Estimated Earnings \$ \_\_\_\_\_  
Date of First Roth Contribution \_\_\_\_\_

**\*\*\*For Inherited IRA Accounts only:**

Relationship to Deceased: ☐ Spouse ☐ Non-Spouse ☐ Non-Spouse Minor  
Name of Deceased: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

☐ **This account will be an individual nonqualified account (select applicable registration type below).**

- ☐
- Individual Account
- ☐
- Individual Transfer on Death Account

☐ **This account will be a joint account (select applicable registration type below).**

- ☐
- Joint Tenants in Common
- ☐
- Joint with Rights of Survivorship
- ☐
- TOD Joint with Rights of Survivorship

**Additional Joint Account Holders Information**

First Name	MI	Last Name	SSN	Email

By signing this form, I agree that each joint owner may act individually and has the authority to act on behalf of the joint account.



☐ I am a custodian establishing this account for the benefit of a minor (Uniform Gift to Minor / Uniform Transfer to Minor)

Beneficiary (minor) Name \_\_\_\_\_

Minor's State of Residence: \_\_\_\_\_

Beneficiary (minor) SSN \_\_\_\_\_ Minor's DOB \_\_\_\_\_ Age of Control:\*

*\*In certain states, the custodian may specify the age that the child can take control of the account. If no age is specified, the account owner will take control of the account at the age of majority in their state.*

☐ I am a trustee establishing this account on behalf of a trust (please include a copy of the trust document)

Trust Name \_\_\_\_\_ Date of Trust Agreement \_\_\_\_\_ Tax ID Number \_\_\_\_\_

Name(s) of all Trustees Required by Trust Agreement to Sell/Purchase Shares \_\_\_\_\_

☐ This account is for a Corporation, Partnership or other entity (please include copy of the Corporate Resolution/Articles of Incorporation/By-Laws/Partnership Agreement /Certification of Beneficial Owners form)

☐ Corporation ☐ Partnership ☐ 501(c)(3) ☐ Estate

Exact Name of Entity \_\_\_\_\_ Tax ID Number \_\_\_\_\_

☐ I am establishing a 529/ABLE plan account

Beneficiary Name \_\_\_\_\_ Beneficiary Age \_\_\_\_\_

☐ This 529 Savings Plan will be used to pay K-12 tuition. I understand state restrictions may apply.

If you have chosen a 529/ABLE plan other than the one sponsored by your state, indicate your reason for doing so below:

☐ My state sponsors a 529/ABLE plan which has state income tax benefits available for its residents and I have chosen not to invest into my state's plan. I have been informed of the potential loss of state tax benefits from such an investment and the tax liability that may result from investing in another state's 529/ABLE plan. Reason \_\_\_\_\_

☐ My state does not offer state income tax benefits related to the state-sponsored 529/ABLE plan offering.

☐ My state offers state income tax benefits for all state-sponsored 529/ABLE plan offerings.

☐ To add a Custodian or Conservatorship to the account please select an option and fill out the information below.

☐ Custodian ☐ Conservatorship

For accounts requiring a Custodian/Conservatorship:

Name of Account Holder: \_\_\_\_\_ Name of Custodian/Conservator: \_\_\_\_\_

Social Security Number of Account Holder: \_\_\_\_\_ Date of Birth of Account Holder: \_\_\_\_\_

TYPE OF ACCOUNT / INVESTMENT PRODUCT See PlanMember Addendum document

Review the Understanding Your Account Options disclosure document with your financial professional. After reviewing the document, select the type of account that is most compatible with your investment objectives for this account. **Select only one.** We will ask you additional questions in subsequent sections of this document that will help confirm whether the type of account you have selected is appropriate for you. Restrictions apply to certain products. Be sure to read the Product Restriction Notes.

Investment Advisory Account

Products		Restrictions
<input type="checkbox"/> PlanMember Elite – Index Portfolios	<input type="checkbox"/> PlanMember Elite – Hybrid Portfolios	1. Only available for IRA and Nonqualified accounts. 2. PlanMember Investment Adviser Representative must be approved to sell this program. 3. Available on a limited basis to specified Investment Adviser Representatives only. 4. Restrictions may apply. Consult the provider's sales materials. 5. Available only through specified employer-sponsored plans.
<input type="checkbox"/> PlanMember Elite – Active Portfolios	<input type="checkbox"/> PlanMember Elite – ESG Portfolios	
<input type="checkbox"/> OPTIFUND Investment Program – Managed <sup>5</sup>	<input type="checkbox"/> PlanMember Advisor-Fidelity <sup>5</sup>	
<input type="checkbox"/> PlanMember Strategist – Advanced Asset Management	<input type="checkbox"/> PlanMember Strategist – Brinker Capital	
<input type="checkbox"/> PlanMember Strategist – Dimensional Fund Advisors	<input type="checkbox"/> PlanMember Strategist – ICON Advisers <sup>1</sup>	
<input type="checkbox"/> PlanMember Strategist – Russell Investments	<input type="checkbox"/> PlanMember Preference <sup>3</sup>	
<input type="checkbox"/> PlanMember IAR – Pershing <sup>1,2</sup>	<input type="checkbox"/> PlanMember IAR – TD Ameritrade <sup>1,2,3</sup>	
<input type="checkbox"/> PlanMember Envestnet Program <sup>1,2</sup>	<input type="checkbox"/> Other Registered Investment Advisor <sup>4</sup> RIA Name: _____	

**Brokerage Account**

Products	Restrictions
<input type="checkbox"/> Brokerage Account – Pershing <sup>1,2</sup>	1. Representative must be appropriately licensed to offer brokerage accounts. 2. Not available for 403(b) and 457(b) accounts.

**Mutual Fund Account**

Products	Restrictions
<input type="checkbox"/> PlanMember Select <sup>1</sup>	1. Only available for IRA and Nonqualified accounts. 2. Only available for 403(b), 457(b), and Solo 401(k) Accounts. 3. Restrictions may apply. Consult the provider's sales materials.
<input type="checkbox"/> PlanMember Retirement Select <sup>2</sup>	
<input type="checkbox"/> Other Mutual Fund Company/Platform <sup>3</sup> Company _____	

**Variable Annuity Contract (Traditional) / Variable Life Contract**

Products	Restrictions
<input type="checkbox"/> Equitable EQUI-VEST Variable Annuity <sup>1</sup>	1. Only available for 403(b) and 457(b) accounts. 2. Only available for IRA and Nonqualified accounts. 3. Only available for Nonqualified accounts. 4. Restrictions may apply. Consult the provider's sales materials.
<input type="checkbox"/> Equitable Retirement Cornerstone Variable Annuity (Series B) <sup>2</sup>	
<input type="checkbox"/> Equitable Investment Edge Variable Annuity <sup>3</sup>	
<input type="checkbox"/> Equitable Investment Edge Select Variable Annuity <sup>3</sup>	
<input type="checkbox"/> Other Variable Annuity (Traditional) <sup>4</sup> Company _____ Product _____	
<input type="checkbox"/> Variable Life Contract Company _____ Product _____	

**Variable Annuity Contract (Structured/Buffer)**

Products	Restrictions
<input type="checkbox"/> Equitable Structured Capital Strategies Variable Annuity <sup>1</sup>	1. Only available for IRA and Nonqualified accounts. 2. Restrictions may apply. Consult the provider's sales materials.
<input type="checkbox"/> Equitable Structured Capital Strategies Plus Variable Annuity <sup>1</sup>	
<input type="checkbox"/> Other Variable Annuity (Buffer/Structured) <sup>2</sup> Company _____ Product _____	

**Fixed Annuity / Fixed Index Annuity / Income Annuity Contract**

Products	Restrictions
<input type="checkbox"/> Security Benefit Life (SBL) Foundations Fixed Index Annuity <sup>1,4</sup>	1. Only available for IRA and Nonqualified accounts. 2. Only available for 403(b) and 457(b) accounts. 3. Not available for all employers. Check with employer for availability. 4. Not available in New York. 5. Only available in New York. 6. Not available for Florida IBC or MRIC 403(b) or 457(b) accounts. 7. Restrictions may apply. Consult the provider's sales materials.
<input type="checkbox"/> Security Benefit Life (SBL) Advanced Choice Fixed Annuity <sup>1,4</sup>	
<input type="checkbox"/> Security Benefit Life (SBL) Total Interest Fixed Annuity <sup>4,6</sup>	
<input type="checkbox"/> Security Benefit Life (SBL) RateTrack Fixed Annuity <sup>4</sup>	
<input type="checkbox"/> Standard Stable Asset Fund Fixed Annuity <sup>2,4</sup>	
<input type="checkbox"/> VALIC Fixed Interest Option Fixed Annuity <sup>2,5</sup>	
<input type="checkbox"/> New York Life (NYL) Guaranteed Future Income Annuity II <sup>1</sup>	
<input type="checkbox"/> New York Life (NYL) Guaranteed Period Income Annuity II <sup>1</sup>	
<input type="checkbox"/> New York Life (NYL) Guaranteed Lifetime Income Annuity II <sup>1</sup>	
<input type="checkbox"/> Other Fixed Annuity <sup>7</sup> Company _____ Product _____	
<input type="checkbox"/> Other Fixed Index Annuity <sup>7</sup> Company _____ Product _____	

**Self-Directed Account**

Products	Restrictions
<input type="checkbox"/> PlanMember Participant Choice <sup>1</sup>	1. Only available for 403(b) and 457(b) accounts. 2. Available only through specified employer-sponsored plans.
<input type="checkbox"/> OPTIFUND Investment Program – Self-Directed <sup>1,2</sup>	

**Alternate Investment Products (REIT, DPP, other)**

Products
<input type="checkbox"/> Type _____ Product _____
Investing in Preferred Stock? Before making your investment decision, you should be aware that the Preferred Shares that have been presented for your consideration can be converted into common stock. The Company can make this conversion at any time. The price of the Company's common stock is generally more volatile than the price of the Preferred Shares. You should take this additional risk into consideration when making your investment decision. Your Financial Professional can help you with this consideration.

**INVESTMENT PURPOSE**

- ☐ Accumulate assets for retirement
 ☐ Provide income in retirement  
☐ Pay for education expenses
 ☐ Provide current income  
☐ Pass to a minor at a specified age
 ☐ Pass to my heirs/estate  
☐ Invest for growth of principal in excess of inflation
 ☐ Protect the principal I have already accumulated  
☐ Defer or minimize current taxes in a nonqualified account
 ☐ Other (specify) \_\_\_\_\_

**LIQUIDITY NEEDS**

The ability to quickly and easily convert to cash all or a portion of the investments in this account without experiencing significant loss in value from, for example, the lack of a ready market, or incurring significant costs or penalties is: (check one)

- ☐ Very Important
 ☐ Somewhat Important
 ☐ Does Not Matter

**INVESTMENT RISK TOLERANCE (Skip For Self-Directed Accounts)**

[See PlanMember Addendum document](#)

This simple questionnaire is designed to measure both your basic ability and willingness to endure risk in order to help you determine the appropriate investment objective **for this specific investment**.

**Part 1 – Time Horizon:** Check the choice that best describes your answers to the two questions below:

Question	Answer	Response	Score
1. I plan to begin taking money from this account in...	A. Less than 1 year	A <input type="checkbox"/>	0
	B. 1 to 5 years	B <input type="checkbox"/>	14
	C. 6 to 10 years	C <input type="checkbox"/>	25
	D. 11 to 20 years	D <input type="checkbox"/>	32
	E. More than 20 years	E <input type="checkbox"/>	35
2. As I withdraw money from this account, I plan to spend it over a period of...	A. Less than 1 year	A <input type="checkbox"/>	0
	B. 1 to 5 years	B <input type="checkbox"/>	6
	C. 6 to 10 years	C <input type="checkbox"/>	11
	D. 11 to 20 years	D <input type="checkbox"/>	13
	E. More than 20 years	E <input type="checkbox"/>	15
<b>MY TIME HORIZON SCORE (add your scores for the questions above)</b>			

**Part 2 – Risk Perspective:** Select the choice that best describes your answers to the six questions below:

Question	Answer	Response	Score
3. With regard to this account, my attitude towards investing is...	A. I prefer that this investment does not lose money, even in the short term. I am willing to sacrifice long-term growth in exchange for stability of principal.	A <input type="checkbox"/>	0
	B. I would like to minimize any short-term declines in the value of this investment, but I am also looking for a small amount of growth.	B <input type="checkbox"/>	3
	C. Short-term decreases in the value of this investment are a concern to me, but I am willing to accept some moderate short-term losses in order to pursue moderate long-term investment returns.	C <input type="checkbox"/>	6
	D. The long-term growth of this investment is more important to me than reducing short-term losses. I can accept moderate-to-high short-term decreases in the value of this investment in the pursuit of long-term growth.	D <input type="checkbox"/>	7
	E. Maximizing my long-term investment returns is my overriding goal. Significant short-term losses are not a concern to me because of my long-term perspective.	E <input type="checkbox"/>	9
4. With regard to this account, I am...	A. Most concerned about this investment losing value	A <input type="checkbox"/>	0
	B. Equally concerned about this investment losing or gaining value	B <input type="checkbox"/>	5
	C. Most concerned about my investments gaining value	C <input type="checkbox"/>	8

Question	Answer	Response	Score
<p>5. The following chart shows the greatest anticipated 1-year gain and 1-year loss on three different hypothetical investments of \$10,000*. Given the potential for gain or loss in any one year, which investment would you choose for this account?</p> <p><i>*The maximum gain or loss on an investment is impossible to predict. The ranges shown in the chart are hypothetical and are designed solely to gauge an investor's risk tolerance.</i></p>	<div><div><div>Greatest Anticipated Gain \$3,200</div><div><div></div></div><div>Greatest Anticipated Loss -\$3,100</div><div>Investment A- Most Volatility</div></div><div><div>Greatest Anticipated Gain \$2,300</div><div><div></div></div><div>Greatest Anticipated Loss -\$2,000</div><div>Investment B- Medium Volatility</div></div><div><div>Greatest Anticipated Gain \$1,100</div><div><div></div></div><div>Greatest Anticipated Loss -\$700</div><div>Investment C- Least Volatility</div></div></div>	<div><div>A<input type="checkbox"/></div><div>B<input type="checkbox"/></div><div>C<input type="checkbox"/></div></div>	<div><div>8</div><div>5</div><div>0</div></div>
<p>6. Historically, markets have experienced downturns followed by market recoveries. Suppose, in this account, you owned a well-diversified portfolio of investments that declined 20% over a three-month period, consistent with the overall market. What would you do?</p>	<div><div>A. I would do nothing or at least give the portfolio some more time to recover before making a decision to sell.</div><div>B. I would sell a portion of my portfolio and move it to more conservative investments in an effort to reduce the potential further losses.</div><div>C. I would immediately move my money to more conservative investments in an effort to minimize potential losses.</div></div>	<div><div>A<input type="checkbox"/></div><div>B<input type="checkbox"/></div><div>C<input type="checkbox"/></div></div>	<div><div>8</div><div>5</div><div>0</div></div>
<p>7. In order to maintain buying power, investment returns must keep pace with inflation. Which statement best describes your feelings about inflation and the impact it may have on your savings in this account?</p>	<div><div>A. I am satisfied with this investment only keeping pace with inflation in exchange for limiting the potential for short-term loss.</div><div>B. I would like this investment to outpace inflation. I am willing to assume the potential for some short-term loss in order to achieve that goal.</div><div>C. I prefer that this investment significantly outpaces inflation. I am willing to assume a greater potential for short-term loss in order to achieve that goal.</div></div>	<div><div>A<input type="checkbox"/></div><div>B<input type="checkbox"/></div><div>C<input type="checkbox"/></div></div>	<div><div>0</div><div>5</div><div>8</div></div>
<p>8. Suppose you purchased an investment in this account with the intent of holding it for the long-term. In the first year, the investment experiences a decline in value. How much would the investment have to decline in value before you would be tempted to sell it to “cut your losses”?</p>	<div><div>A. I would be tempted to sell if it declined more than 5%</div><div>B. I would be tempted to sell if it declined more than 10%.</div><div>C. I would be tempted to sell if it declined more than 15%.</div><div>D. I would be tempted to sell if it declined more than 20%.</div><div>E. I would not be tempted to sell even if it declined more than 20%.</div></div>	<div><div>A<input type="checkbox"/></div><div>B<input type="checkbox"/></div><div>C<input type="checkbox"/></div><div>D<input type="checkbox"/></div><div>E<input type="checkbox"/></div></div>	<div><div>2</div><div>3</div><div>6</div><div>7</div><div>9</div></div>
MY RISK PERSPECTIVE SCORE (add your scores for questions 3 through 8)			
MY TIME HORIZON SCORE (add your scores for questions 1 and 2 above)			
TOTAL SCORE			

Find your total score in the table below to get your recommended investment objective.

<input type="checkbox"/> 0 to 5	<input type="checkbox"/> 6 to 27	<input type="checkbox"/> 28 to 48	<input type="checkbox"/> 49 to 68	<input type="checkbox"/> 69 to 84	<input type="checkbox"/> 85 to 100
CP – Capital Preservation	A – Stability of Principal / Inflation Protection	B – Limited Growth / Stability of Principal	C – Moderate Growth	D – Long-Term Growth	E – Maximum Long-Term Growth

Although the Risk Tolerance Questionnaire results suggest an investment objective of \_\_\_\_\_.

For the purpose of this investment, the investment objective is (ex: conservative, moderate, etc.) \_\_\_\_\_

for the following reason(s): \_\_\_\_\_

## ADDITIONAL INVESTMENT CONSIDERATIONS – INVESTMENT ADVISORY ACCOUNTS

**Only complete this section if you have chosen an Investment Advisory Account in the Type of Account Section.**

Do you understand and accept that investment advisory accounts do not provide guarantees against the loss of principal and may lose value? ☐ Yes ☐ No

Do you prefer to have an investment advisor manage your account for an ongoing asset-based fee specific to your investment time horizon and your feelings about investment risk, rather than selecting your own investments? ☐ Yes ☐ No

## ADDITIONAL INVESTMENT CONSIDERATIONS – BROKERAGE ACCOUNTS

**Only complete this section if you have chosen a Brokerage Account in the Type of Account Section.**

Do you understand and accept that investments in a brokerage account do not provide guarantees against the loss of principal and may lose value? ☐ Yes ☐ No

Are you comfortable making your own investment decisions based on recommendations from your financial professional? ☐ Yes ☐ No

Once you purchase an investment, do you typically prefer to hold it for a long period of time (a buy-and-hold investment strategy)? ☐ Yes ☐ No

Do you understand that you will pay commissions or markups when you purchase (or, in some cases, sell) investments in your brokerage account? ☐ Yes ☐ No

## ADDITIONAL INVESTMENT CONSIDERATIONS – MUTUAL FUND ACCOUNTS

**Only complete this section if you have chosen a Mutual Fund Account (direct or through recordkeeper) in the Type of Account Section.**

Do you understand that these investments do not provide guarantees against the loss of principal and may lose value? ☐ Yes ☐ No

Are you comfortable making your own investment decisions based on recommendations from your financial professional? ☐ Yes ☐ No

Do you understand that you will typically pay an up-front sales charge when you purchase funds? ☐ Yes ☐ No

## ADDITIONAL INVESTMENT CONSIDERATIONS – ANNUITY AND VARIABLE LIFE CONTRACTS

**Only complete this section if you have chosen a Variable Annuity, Variable Life, Fixed Index Annuity, Fixed Annuity or Income Annuity in the Type of Account Section.**

Are you comfortable making your own investment decisions based on recommendations from your financial professional? ☐ Yes ☐ No

Do you understand that annuities typically restrict access to your money for a specified period through the assessment of surrender charges and/or IRS early withdrawal penalties? ☐ Yes ☐ No

After purchasing this annuity, are you able to access sufficient funds for emergencies without incurring a penalty? ☐ Yes ☐ No

### Investment Guarantees

Certain annuity and insurance products offer guarantees that are backed by the insurance company that issues the annuity or insurance contract. Based on the description of the guarantees and the associated costs or tradeoffs, select the types of guarantees (if any) that you are seeking from this investment.

	Type of Guarantee	Benefits	Cost or Tradeoff Considerations
<input type="checkbox"/>	<b>Guaranteed rate of return</b> (typically associated with a fixed annuity or the fixed investment option on a fixed index annuity or variable annuity)	<ul style="list-style-type: none"><li>The insurance company guarantees that you will earn a specified minimum rate of return</li><li>The insurance company guarantees that your investment will not lose value</li></ul>	<ul style="list-style-type: none"><li>Your return will be lower than the expected return on a non-guaranteed investment</li><li>The return on your investment may not keep pace with inflation</li><li>Access to your money is typically restricted and you will typically be subject to surrender charges for a specified number of years</li></ul>

Table continued on next page

	Type of Guarantee	Benefits	Cost or Tradeoff Considerations
<input type="checkbox"/>	<b>Guarantee against the loss of any principal (without a guaranteed rate of return)</b> (typically associated with a fixed index annuity)	<ul style="list-style-type: none"> <li>The insurance company guarantees that your investment will not lose value</li> <li>The rate of return you earn may be higher than the return on a product with a guaranteed rate of return</li> </ul>	<ul style="list-style-type: none"> <li>Your return will be lower than the expected return on a non-guaranteed investment (due to caps, participation rates and spreads)</li> <li>The return on your investment may not keep pace with inflation and you may not earn any return on your investment, depending on market conditions</li> <li>Access to your money is typically restricted and you will typically be subject to surrender charges for a specified number of years</li> </ul>
<input type="checkbox"/>	<b>Guarantee against the loss of a portion of your principal</b> (typically associated with a structured or buffer variable annuity)	<ul style="list-style-type: none"> <li>The insurance company provides a downside “buffer” for your investment (for example, the company will absorb the first 10% of a loss on an index linked to your investment)</li> <li>The rate of return you earn may be higher than the return on a product with a guaranteed rate of return or a guarantee against the loss of any principal</li> </ul>	<ul style="list-style-type: none"> <li>Your expected return will be lower than the expected return on a non-guaranteed investment (cost of guarantee)</li> <li>The return on your investment may not keep pace with inflation</li> <li>You will lose money if the loss on a linked index exceeds the downside buffer percentage</li> <li>Access to your money is typically restricted and you will typically be subject to surrender charges for a specified number of years</li> </ul>
<input type="checkbox"/>	<b>Guaranteed death benefit</b> (typically associated with fixed, fixed index and variable annuities and life insurance policies)	<ul style="list-style-type: none"> <li>The insurance company guarantees that your beneficiaries will receive at least a specified amount (typically, the amount your put into the contract less any withdrawals), regardless of your contract value in the event of your death</li> <li>In some cases, the guaranteed death benefit can be for an even higher amount (typically, for an additional cost)</li> </ul>	<ul style="list-style-type: none"> <li>If the death benefit has an additional cost, the cost will reduce the return on your investments</li> <li>Access to your money is typically restricted and you will typically be subject to surrender charges for a specified number of years</li> </ul>
<input type="checkbox"/>	<b>Annuitization</b> (typically associated with fixed, fixed index and variable annuities)	<ul style="list-style-type: none"> <li>The ability to convert the value of your contract into a lifetime income stream guaranteed by the insurance company</li> </ul>	<ul style="list-style-type: none"> <li>When you annuitize, you exchange the value in your contract for the promise of a lifetime income stream. Once the decision is made, it is irrevocable, and you no longer have access to the contract value</li> <li>Prior to annuitization, access to your money is typically restricted and you will typically be subject to surrender charges for a specified number of years</li> </ul>
<input type="checkbox"/>	<b>Guaranteed lifetime withdrawal or Guaranteed Lifetime Income benefit</b> (can be associated with fixed, fixed index or variable annuities)	<ul style="list-style-type: none"> <li>The insurance company guarantees you a certain level of periodic income in retirement, even if your contract value declines to zero</li> <li>You do not need to annuitize your contract, so you have access to any remaining contract value</li> </ul>	<ul style="list-style-type: none"> <li>The income options are offered at an additional cost, which will reduce the return on your investments</li> <li>Due to the cost of the income option, it is unlikely that the income you generate in retirement will keep pace with inflation</li> <li>Access to your money is typically restricted and you will typically be subject to surrender charges for a specified number of years</li> </ul>
<input type="checkbox"/>	I am not seeking guarantees. I am purchasing the annuity only for the purpose of deferring taxes in this account.		



**ADDITIONAL INVESTMENT CONSIDERATIONS – SELF-DIRECTED ACCOUNTS**

**Only complete this section if you have chosen a Self-Directed Account in the Type of Account Section.**

Do you understand that these investments do not provide guarantees against the loss of principal and may lose value? ☐ Yes ☐ No

Are you comfortable making your own investment decisions **without** input from a financial professional? ☐ Yes ☐ No

**ADDITIONAL INVESTMENT CONSIDERATIONS – ALTERNATE INVESTMENTS**

**Only complete this section if you have chosen a Alternate Investment in the Type of Account Section.**

Do you understand that these investments do not provide guarantees against the loss of principal and may lose value? ☐ Yes ☐ No

Do you understand that the Alternate Investment may not be able to be immediately liquidated if needed? ☐ Yes ☐ No

Is your Net Worth more than \$250,000 or is your income for this year and the preceding two years at least \$70,000? ☐ Yes ☐ No

Is the total of your investments in the Alternate Investment (including this product) less than 25% of your Net ☐ Yes ☐ No

Is the amount you are investing in this product less than 15% of your Liquid Net Worth (including this investment)? ☐ Yes ☐ No

**ACCOUNT FUNDING**

**Initial Funding – All Account Types** (initial funding sources can include checks, rollovers to or from an IRA, transfers from an account of the same plan type and/or exchanges from other providers in a plan)

☐ Check

**For IRA contribution checks:** Current year check amount \$ \_\_\_\_\_ Prior year check amount \$ \_\_\_\_\_

**For SEP IRA, Solo 401(k) or Roth Solo 401(k) initial contribution by check:** Check Amount \$ \_\_\_\_\_

\*Employer Amount \$ \_\_\_\_\_ \*Employee Amount \$ \_\_\_\_\_ (\*only applies to Solo 401(k) and Roth Solo 401(k))

**For Nonqualified accounts funded by check, indicate the amount and source of funds below:**

Check Amount \$ \_\_\_\_\_ Source: ☐ Bank Account ☐ Gift ☐ Insurance Payment ☐ Other \_\_\_\_\_

☐ Account Establishment Only - Client will send check direct to Vendor: Check Amount \$ \_\_\_\_\_

☒ Rollover / Transfer / Exchange Between Plan Providers (you must provide details in the Product Comparison section)

☐ Funded at a later date

**Ongoing Contributions – Employer Sponsored Plan/SEP/SIMPLE IRA/SOLO 401k/Roth SOLO 401k**

Employee Contributions (\$ per pay period)		Employer Contributions (\$ per pay period)			
Pre-Tax (Traditional)	After-Tax (Roth)	Match	Non-Match	Start Date	Pay Periods Per Year

OR ☒ No ongoing contributions

**Periodic Investment Plans – Individual Retirement Accounts and Nonqualified Accounts Only**

Annualized Contribution Amount \$ \_\_\_\_\_ OR ☒ No ongoing contributions



PRODUCT COMPARISON	
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This section compares the characteristics of the proposed investment product to the investment product(s) that it will be replacing. **If this account is not being funded by a transfer/exchange/rollover from another investment, then only the characteristics of the proposed investment will be shown.** For insurance/annuity product replacements, include a statement dated within six months.

Proposed		Existing	
Company/Custodian Name		Absolute Capital Management	Absolute Capital Management
Product Name		test	testeee
Account Number		58	998
Source Account Type (ex: 403(b), IRA, etc.)		SEP IRA	SEP IRA
Product Type		<input checked="" type="checkbox"/> Adv <input type="checkbox"/> VA <input type="checkbox"/> FA <input type="checkbox"/> FIA <input type="checkbox"/> MF <input type="checkbox"/> CD <input type="checkbox"/> Brokerage <input type="checkbox"/> Other_____	<input checked="" type="checkbox"/> Adv <input type="checkbox"/> VA <input type="checkbox"/> FA <input type="checkbox"/> FIA <input type="checkbox"/> MF <input type="checkbox"/> CD <input type="checkbox"/> Brokerage <input type="checkbox"/> Other_____
Expected Amount		\$ 1000.00	\$ 900.00
Transfer Type		<input type="checkbox"/> Exchange <input type="checkbox"/> Plan-to-Plan <input type="checkbox"/> Conversion <input type="checkbox"/> Direct Rollover <input type="checkbox"/> 60-Day Rollover <input type="checkbox"/> Nonqualified <input checked="" type="checkbox"/> Direct IRA-to-IRA Transfer	<input type="checkbox"/> Exchange <input type="checkbox"/> Plan-to-Plan <input type="checkbox"/> Conversion <input type="checkbox"/> Direct Rollover <input type="checkbox"/> 60-Day Rollover <input type="checkbox"/> Nonqualified <input checked="" type="checkbox"/> Direct IRA-to-IRA Transfer
If transfer form is NOT enclosed *SRP: State Retirement Plan		<input type="checkbox"/> Client-Initiated <input type="checkbox"/> Client-Initiated, Check Enclosed <input type="checkbox"/> Transfer Form sent at later time <input type="checkbox"/> Funded by SRP* (forms enclosed) <input type="checkbox"/> Funded by SRP* (funds to be sent to UMB)	<input type="checkbox"/> Client-Initiated <input type="checkbox"/> Client-Initiated, Check Enclosed <input type="checkbox"/> Transfer Form sent at later time <input type="checkbox"/> Funded by SRP* (forms enclosed) <input type="checkbox"/> Funded by SRP* (funds to be sent to UMB)
% of Net Worth This Investment Represents	%		
Pension Payment		Frequency: 25 months	Frequency: 25 months
Rep of Record		<input checked="" type="checkbox"/> Rep <input type="checkbox"/> Other Rep	<input checked="" type="checkbox"/> Rep <input type="checkbox"/> Other Rep
Years Owned		98 Years	987 Years
Will the Funds be Annuitized?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Annuity Term		_____ Months	_____ Months
Mutual Funds / Advisory Products Only			
Share Class			
Sales Charge / CDSC %	%	%	%
Advisory/Management Fee	%	98.00 %	36.00 %
Insurance Products Only			
Series Type			
Company AM Best Financial Strength Rating			
Is this a 10% Free-Out		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current Interest Rate (Fixed only)			
Surrender Charge		\$	\$
Surrender Schedule (Remaining for Existing Products)	Yr _____ % _____	Yr _____ % _____	Yr _____ % _____
Amount of Existing Death Ben.		\$	\$
Free Look Period (days)			
Free-Out Provision			
Guaranteed Minimum Rate / % of Premium Rate is Based on	Rate _____%; Based on _____% of premium	Rate _____%; Based on _____% of premium	Rate _____%; Based on _____% of premium
Bonus Rate / Vesting Period (Yrs)	_____ % _____ Years	_____ % _____ Years	_____ % _____ Years
Cap on Gains		%	%
Participation Rate		_____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Fluctuating	_____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Fluctuating
Asset Fee / Spread		_____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Fluctuating	_____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Fluctuating
Index Credit Method			
Frequency of Index Calculation			
Is there a Market Value Adjustment?		<input type="checkbox"/> Yes <input type="checkbox"/> No Amount \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount \$ _____
Are there any Step Ups?	Cost \$ _____, Step Up _____ %, Holding Period to receive Step Up _____ years	Cost \$ _____, Step Up _____ %, Holding Period to receive Step Up _____ years	Cost \$ _____, Step Up _____ %, Holding Period to receive Step Up _____ years

## PRODUCT COMPARISON (CONTINUED)

### Insurance Product Fees

Annual Service Fee	\$ _____ waived at \$ _____	\$ _____ waived at \$ _____	\$ _____ waived at \$ _____
Riders & Costs (list names of riders)	Rider Name _____	Rider Name _____	Rider Name _____
	Cost% _____ Ben Base \$ _____	Cost% _____ Ben Base \$ _____	Cost% _____ Ben Base \$ _____
	Rider Name _____	Rider Name _____	Rider Name _____
	Cost% _____ Ben Base \$ _____	Cost% _____ Ben Base \$ _____	Cost% _____ Ben Base \$ _____
M&E Cost (%) & Admin (%)	_____ %	_____ %	_____ %
Total Fees %	_____ %	_____ %	_____ %

Please provide all the information below for investment(s) within the buffer product.

Index/Strategy	Upside Cap (%)*	Downside Buffer (%)*	Index Credit Length (yrs)
	_____ % <input type="checkbox"/> uncapped	_____ %	
	_____ % <input type="checkbox"/> uncapped	_____ %	
	_____ % <input type="checkbox"/> uncapped	_____ %	
	_____ % <input type="checkbox"/> uncapped	_____ %	
	_____ % <input type="checkbox"/> uncapped	_____ %	

Please provide all the information below for investment(s) within insurance products with 100% principal protection.

Index/Strategy	Cap On Gains %	Participation Rate % (fixed or fluctuating)	Asset Fee/Spread % (fixed or fluctuating)
	_____ % <input type="checkbox"/> uncapped	_____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Fluctuating	_____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Fluctuating
	_____ % <input type="checkbox"/> uncapped	_____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Fluctuating	_____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Fluctuating
	_____ % <input type="checkbox"/> uncapped	_____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Fluctuating	_____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Fluctuating
	_____ % <input type="checkbox"/> uncapped	_____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Fluctuating	_____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Fluctuating
	_____ % <input type="checkbox"/> uncapped	_____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Fluctuating	_____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Fluctuating

### Required for annuities that have a "buffer" feature:

Please describe how the buffer characteristics operate: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Required for Insurance Rider Replacement:** If replacing a VA/VUL based on policy riders, explain why the current policy/company could not accommodate the need: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\* You are protected from downside risk in accordance with the selected option; if the negative return is in excess of the Segment Buffer, there is a loss of principal, which could be substantial. ^-The cap rates are determined based on the index level, interest rates, and market implied volatility. The main drivers of the level of the cap rates are equity volatility and interest rate data. Higher volatility and higher interest rates lead to higher caps. In setting the Performance Cap Rates, expenses are incurred in connection with a contract, including insurance and administrative expenses. You may not experience full market returns.

**PRODUCT COMPARISON (CONTINUED)**

**Required for all accounts:** Please list the benefits of the proposed product(s):

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**Required for a switch/replacement:** Please identify any benefits of the existing product(s) that are not available in the proposed product(s):

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**Required for rollovers from an employer plan to an IRA:** Please complete the section below highlighting the key reasons a rollover to an IRA was chosen over other options. (Please note: This is not a product specific illustration and should address the reason the you chose to move out of a qualified employer plan).

**Features of the IRA (not available in the Employer Plan):**

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**Employer Plan features being foregone (if any):**

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**Required for all insurance contract exchanges:** Outside of this exchange has the client had any other variable annuity exchanges within the last 36 months? ☐ Yes ☒ No

If yes, please advise how many 1035 exchanges, when they occurred, and if you were the rep of record on transactions

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**Additional Information for Alternative Investments:**

Share Repurchase Plan ☐ Yes ☐ No

Years										
%										

	Two Years Ago	Last Year	Current Year
Income for Current Year and Past Two Years			

Aggregate Alternative Investment to Net Worth including this investment (may not exceed 25%\*) \_\_\_\_\_ %

Total investment amount in this Specific Issue to liquid Net Worth including this investment (may not exceed 15%\*) \_\_\_\_\_ %

Total Investment in all Alternative Investments \$ \_\_\_\_\_ Total Investment in this Alternative Investments \$ \_\_\_\_\_

Are you an accredited investor? ☐ Yes ☐ No Alternative Investment experience \_\_\_\_\_ # years

*\* If state guidelines are more restrictive, state guidelines will prevail.*

## SIGNATURE AND ACCEPTANCE

I, the undersigned, have received and agree to the terms and conditions set forth in the PlanMember Client Agreement and acknowledge that I have received the disclosure documents described in Terms and Conditions, Item 6 of the agreement. For PlanMember Investment Advisory accounts, I have received and agree to the terms and provisions set forth in the PlanMember Investment Advisory Agreement. Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and 3. I am a U.S. citizen or other U.S. person (defined below); and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Additional Signature \_\_\_\_\_ Date \_\_\_\_\_

Additional Signature \_\_\_\_\_ Date \_\_\_\_\_

### FOR PLANMEMBER FINANCIAL PROFESSIONAL USE ONLY

I certify that I have exercised reasonable care, diligence and skill in making this Investment recommendation. I have considered my client's financial circumstances and needs as well as the features, benefits and costs of the recommended product(s). I have discussed other reasonably available alternatives with the client and believe that the recommendation is in the client's best interest. Further, I have provided the client all required disclosure documents and account agreements. If the client has elected electronic delivery for these documents, I have verified that he/she is aware of the web address to access these documents.

☐ Trade at NAV (Class A Shares only; Rep Household Accounts Only)

PlanMember Financial Professional (Print Name) Bill Devine Rep ID Number NY476EG

PlanMember Financial Professional Signature \_\_\_\_\_ Date \_\_\_\_\_

This section only applies if updates were made to this form after your initial reviews and signature. Please sign and date.

**I acknowledge the updates made to this document subsequent to my original signature and affirm that I have reviewed and that they are accurate.**

Client Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/20\_\_\_\_



To make any future changes to the information contained in this form, please call the PlanMember Service Center at (800) 874-6910



# Retirement Account Exchange/Transfer/

## Direct Rollover Request

Please send completed form to:  
PlanMember Securities Corporation • 6187 Carpinteria Ave  
Carpinteria, CA 93013 • (800) 874-6910

9236766

**Note:** You must submit a current account statement for the account(s) from which you are transferring.

Transfer to: ☒ New Account ☐ Existing Account Number \_\_\_\_\_

### PARTICIPANT INFORMATION

Name: First bhanu MI \_\_\_\_\_ Last testing

Social Security Number 124-85-4548

### CURRENT CARRIER INFORMATION

Company/Custodian/Trustee Name Absolute Capital Management

Mailing Address (No PO Box) Attn: New Accounts, 101 Pennsylvania Blvd

City Pittsburgh State PA Zip Code 15228

Fax Number 4123881900

Account Number(s) 58

### TRANSACTION TYPE

#### Employer Sponsored Plans (403(b), 457(b), 401(k), Pension Plan)

- ☐ **403(b) Exchange** Example: Exchanging assets from one 403(b) provider to another approved 403(b) provider within the same employer's plan.
- ☐ **In-Plan Transfer** Example: Transferring assets from one 457(b)/401(a)/Pension Plan provider to another approved 457(b)/401(a)/Pension Plan provider within the same employer's plan.
- ☐ **Plan-to-Plan Transfer** Example: Upon separation of service from an employer, an employee who is now employed by a different eligible employer elects to move assets from the old Employer Sponsored Plan to the new Employer Sponsored Plan.
- ☐ **Direct Rollover** Example: Upon having a qualifying event, assets are being moved from one qualified retirement plan to another (i.e. Employer Sponsored Plan to IRA or pension plan to 403(b)).

#### Individual Retirement Accounts (i.e. IRA, SEP IRA, SIMPLE IRA)

- ☒ **Direct IRA-to-IRA Transfer** Example: An IRA trustee-to-trustee transfer.
- ☐ **Conversion** Example: A conversion of a traditional IRA to a Roth IRA (pre-tax amounts in the IRA will be taxable).
- ☐ **Rollover** Example: Moving from your IRA to another type of qualified plan.

### INSTRUCTIONS

**Exchange/Transfer/Direct Rollover Instructions** (for current custodian/employer named above): I hereby request the liquidation and exchange, transfer or direct rollover of my account assets, as indicated below, to the custodian indicated on the enclosed Letter of Acceptance. I have also completed the necessary Exchange/Transfer/Rollover request letter required by my current plan, company or trustee.

#### Exchange/Transfer/Direct Rollover FROM:

- ☐ **403(b)** ☐ **457(b)** or ☐ **401(k)**
- ☐ Traditional (pre-tax)
- ☐ Roth (after-tax) (must go to a Roth 403(b)/457(b)/401(k))
- Required for Roth: Contributions \$ \_\_\_\_\_
- Estimated Earnings \$ \_\_\_\_\_ Date of Establishment: \_\_\_\_\_
- Former Employer Name \_\_\_\_\_
- ☐ Traditional IRA ☐ Inherited IRA
- ☐ Roth IRA ☐ Inherited Roth IRA
- ☐ Simple IRA ☐ Other Employer Sponsored Plan
- ☒ SEP IRA ☐ Other \_\_\_\_\_

#### Exchange/Transfer/Direct Rollover TO:

- ☐ **403(b)** ☐ **457(b)**
- ☐ Traditional (pre-tax) ☐ Traditional (pre-tax)
- ☐ Roth (after-tax) ☐ Roth (after-tax)
- ☐ Traditional IRA ☐ Inherited Roth IRA
- ☐ Roth IRA ☐ Solo 401(k)
- ☐ Simple IRA ☐ Roth Solo 401(k)
- ☒ SEP IRA ☐ Defined Contribution Plan
- ☐ Inherited IRA ☐ Defined Benefit Plan
- ☐ 401(a)
- ☐ Optional Retirement Plan (ORP)
- ☐ 401(k)

**Note:** Not all funds are eligible to be rolled over. Please check plan portability rules for eligibility.

Continued on Reverse

**Indicate the amount of Exchange/Transfer/Direct Rollover:**

- ☒ Liquidate and move my entire account and send directly to UMB Bank. Please be sure Brokerage accounts are in cash.
- ☐ Process a partial liquidation of \$\_\_\_\_\_ and send directly to UMB Bank.
- ☐ Amount is based on approximate value of \$\_\_\_\_\_ being annuitized for a period of \_\_\_\_\_ years (must be less than 10) as instructed to my insurance company in forms directing that annuity payments be sent directly to UMB Bank. Additional insurance company forms may be required.
- ☐ 10% free out from an insurance contract \$\_\_\_\_\_
- ☐ Move all shares in kind to the new custodian. Do not liquidate shares.  
Estimated value (Current account statement copy required) \$\_\_\_\_\_
- ☐ Liquidate and include in the proceeds any cash or sweep balance estimated at \$\_\_\_\_\_

**Indicate when to Exchange/Transfer/Direct Rollover:**

- ☒ Process immediately
- ☐ This is a movement of an investment with a maturity date such as a CD or time deposit. Maturity date is\_\_\_\_\_.  
*I have indicated below when I would like this request to take place. If no box is checked, I understand this request will be processed immediately, even though an early withdrawal penalty may be imposed.*
- ☐ Liquidate funds immediately even though a penalty may be imposed.
- ☐ Liquidate funds at maturity date to avoid penalty.

If this request involves your entire annuity balance, please check one of the following.

My policy is: ☐ Lost/Destroyed ☐ Enclosed

Please send a current year history and closing statement to me, but deliver the assets as directed by my new Custodian to: **UMB Bank FBO PlanMember Customers**  
P.O. Box 2999  
Shawnee Mission, KS 66201-1399

**Please make payable to UMB Bank FBO PlanMember**  
*Designate on the check the type of account from which the assets are being moved, the account number, the client's name and Social Security number.*

**SPECIAL HANDLING**

Do NOT include investment instructions in this section as they will not be acted upon. This section is intended to provide information such as mailing instructions or special processing requests.

**PARTICIPANT AUTHORIZATION**

I ("Participant"), acknowledge the following:

(1) This tax-free exchange, transfer of assets or direct rollover is to take place directly from the current Custodian to the successor Custodian, so there will be no question of placing myself in actual or constructive receipt of all or any part of such liquidation proceeds; (2) I understand that when rolling over from one plan type to a different plan type, the funds will generally assume the new plan's characteristics in which the funds are deposited and will also be subject to all rules and regulations of that plan type with limited exception for rollovers into 457(b) governmental plans; (3) If I am executing a direct rollover of pre-tax assets to a 403(b) account, I attest that the rollover contains only deductible IRA or pre-tax qualified plan contributions, and I acknowledge that all future distributions will be reported as taxable; (4) If I am requesting a partial transfer-in-kind of shares out of surrender, I understand that I am responsible for identifying the number of shares to be transferred in-kind. My request may result in non-surrender free shares being liquidated or surrender free shares not being liquidated; (5) If I am executing a direct rollover of after-tax "Roth" assets to a 403(b) account, I attest that the rollover contains only after-tax amounts from another 403(b) or 401(k) account; (6) I have received and read the prospectus for the fund(s) in which I am making my investment; (7) If I am over age 70½ and requesting a direct rollover, I attest that none of the amount to be transferred will include the required minimum distribution for the current year pursuant to Section 401(a)(9) of the Internal Revenue Code; (8) My distribution may be subject to taxes if my employer: a) does not include exchanges, transfers or direct rollovers into the adopted Plan; or b) does not include PlanMember in the recipient employer's plan; (9) I am responsible for any tax consequences related to the movement of assets which could include the imposition of penalties, additional taxes and interest. PlanMember assumes no responsibility or liability for any adverse tax effects of this transaction; (10) I am aware of my right to receive information regarding my account, including contributions and earnings breakout; (11) I am aware that information may need to be provided to an authorized representative of the employer in order to enable the employer to satisfy the requirements of Section 403(b) of the Internal Revenue Code; and (12) Attached is a letter from the successor Custodian indicating its acceptance as Custodian for this account and its willingness to accept these liquidation proceeds from you.

*I certify that the information provided is correct and complete.*

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

*TPA/Employer approval may be required. To verify if the following section needs to be completed, contact your Human Resources office or PlanMember Services at 800-874-6910.*

**TPA/EMPLOYER AUTHORIZATION**

Employer's/TPA Signature \_\_\_\_\_

Name/Title (Please Print) \_\_\_\_\_ Date \_\_\_\_\_

**\*If you are a non ERISA 501(c)-3 organization, please do not provide certification.**

This section only applies if updates were made to this form after your initial reviews and signature. Please sign and date.

**I acknowledge the updates made to this document subsequent to my original signature and affirm that I have reviewed and that they are accurate.**

Owner Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/20\_\_\_\_



# Retirement Account Exchange/Transfer/

## Direct Rollover Request

Please send completed form to:  
PlanMember Securities Corporation • 6187 Carpinteria Ave  
Carpinteria, CA 93013 • (800) 874-6910

9236766

**Note:** You must submit a current account statement for the account(s) from which you are transferring.

Transfer to: ☒ New Account ☐ Existing Account Number \_\_\_\_\_

### PARTICIPANT INFORMATION

Name: First bhanu MI \_\_\_\_\_ Last testing

Social Security Number 124-85-4548

### CURRENT CARRIER INFORMATION

Company/Custodian/Trustee Name Absolute Capital Management

Mailing Address (No PO Box) Attn: New Accounts, 101 Pennsylvania Blvd

City Pittsburgh State PA Zip Code 15228

Fax Number 4123881900

Account Number(s) 998

### TRANSACTION TYPE

#### Employer Sponsored Plans (403(b), 457(b), 401(k), Pension Plan)

- ☐ **403(b) Exchange** Example: Exchanging assets from one 403(b) provider to another approved 403(b) provider within the same employer's plan.
- ☐ **In-Plan Transfer** Example: Transferring assets from one 457(b)/401(a)/Pension Plan provider to another approved 457(b)/401(a)/Pension Plan provider within the same employer's plan.
- ☐ **Plan-to-Plan Transfer** Example: Upon separation of service from an employer, an employee who is now employed by a different eligible employer elects to move assets from the old Employer Sponsored Plan to the new Employer Sponsored Plan.
- ☐ **Direct Rollover** Example: Upon having a qualifying event, assets are being moved from one qualified retirement plan to another (i.e. Employer Sponsored Plan to IRA or pension plan to 403(b)).

#### Individual Retirement Accounts (i.e. IRA, SEP IRA, SIMPLE IRA)

- ☒ **Direct IRA-to-IRA Transfer** Example: An IRA trustee-to-trustee transfer.
- ☐ **Conversion** Example: A conversion of a traditional IRA to a Roth IRA (pre-tax amounts in the IRA will be taxable).
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Employer's/TPA Signature \_\_\_\_\_

Name/Title (Please Print) \_\_\_\_\_ Date \_\_\_\_\_

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**I acknowledge the updates made to this document subsequent to my original signature and affirm that I have reviewed and that they are accurate.**

Owner Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/20\_\_\_\_

# Agreements and Disclosure Documents Inventory

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> You have elected to receive the agreements and disclosure documents associated with your account electronically. You can access these documents by visiting <a href="http://planmember.com/disclosures">planmember.com/disclosures</a> . | <input type="checkbox"/> You have elected to receive physical copies of the agreements and disclosure documents associated with your account. These documents will be delivered by your financial professional. |
|--|---|

**The agreements and disclosure documents that apply to your account are indicated below.**

**Agreements**

PlanMember Securities Client Agreement  
PlanMember Securities Investment Advisory Agreement

**Disclosure Documents**

PlanMember Securities Client Relationship Summary (Form CRS)  
Understanding Your Account Options Brochure  
PlanMember Advisor and Strategist ADV Part 2A Brochure  
PlanMember Services Program Fee Schedule  
IRA Rollover Considerations Flyer (if you are rolling over assets from a qualified plan to an IRA)

## PlanMember Allocation Summary

	Company Name	Product	Curr. Allocation	Fut. Allocation	Advisory Fee	DCA	Selected Portfolio
1	PlanMember Services	PlanMember Elite – Index Portfolios	10	10			
2	PlanMember Services	PlanMember Strategist – Advanced Asset Management Advisors	90	90			

# Product 1

Company Name	Product	Curr. Allocation	Fut. Allocation
PlanMember Services	PlanMember Elite – Index Portfolios	10	10

Advisory Fee	DCA	Suggested Portfolio	Selected Portfolio

Investment Type	Investment Objective	Liquididy Needs	Investment Purpose
Investment Advisory Account			

## Additional product details

SSN for Reduced Advisory Fee	Client Name	% of Net Worth

Benefits Of Proposed Product

## RTQ

Question	Answer
I plan to begin taking money from my investments in...	
As I withdraw money from these investments, I plan to spend it over a period of...	
My attitude towards investing is...	
When I invest, I am...	
The following chart shows the greatest anticipated 1-year gain and 1-year loss on three different hypothetical investments of \$10,000*. Given the potential for gain or loss in any one year, which investment would you choose?	
Historically, markets have experienced downturns followed by market recoveries. Suppose you owned a well diversified portfolio of investments that declined 20% over three month period, consistent with the overall market. What would you do?	
In order to maintain buying power, investment returns must keep pace with inflation. Which statement best describes your feelings about inflation and the impact it may have on your savings?	
Suppose you purchased an investment and did not intend on using the proceeds from the investment for 10 years or more. In the first year, the investment experiences a decline in value. How much would the investment have to decline in value before you would be tempted to sell it to "cut your losses"?	

TimeHorizon Score	Risk Perspective Score	Total	Investment Objective

## Additional Investment Considerations

Question	Answer
Do you understand and accept that Investment Advisory Accounts do not provide guarantees against the loss of principal and may lose value?	Yes
Do you prefer to have investment advisor to manage your account for on ongoing asset-based fee based on your investment time horizon and your feelings about investment risk, rather than selecting your own investments?	Yes

## Product 2

Company Name	Product	Curr. Allocation	Fut. Allocation
PlanMember Services	PlanMember Strategist – Advanced Asset Management Advisors	90	90

Advisory Fee	DCA	Suggested Portfolio	Selected Portfolio

Investment Type	Investment Objective	Liquididy Needs	Investment Purpose
Investment Advisory Account			

### Additional product details

SSN for Reduced Advisory Fee	Client Name	% of Net Worth

Benefits Of Proposed Product

## RTQ

Question	Answer
I plan to begin taking money from my investments in...	
As I withdraw money from these investments, I plan to spend it over a period of...	
My attitude towards investing is...	
When I invest, I am...	
The following chart shows the greatest anticipated 1-year gain and 1-year loss on three different hypothetical investments of \$10,000*. Given the potential for gain or loss in any one year, which investment would you choose?	
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TimeHorizon Score	Risk Perspective Score	Total	Investment Objective

## Additional Investment Considerations

Question	Answer
Do you understand and accept that Investment Advisory Accounts do not provide guarantees against the loss of principal and may lose value?	Yes
Do you prefer to have investment advisor to manage your account for on ongoing asset-based fee based on your investment time horizon and your feelings about investment risk, rather than selecting your own investments?	Yes



**AUTOMATIC INVESTMENT / WITHDRAWAL PLAN**

**For Individual Retirement Accounts. Please check the appropriate box:**

☐ I wish to invest on a systematic basis directly from my checking/savings account. I have attached a completed Periodic Investment Application.

☐ I wish to redeem funds from my account on a systematic basis and have the proceeds deposited directly into my checking/savings account. I have attached a Systematic Withdrawal Form.

**SPECIAL HANDLING**

**Do NOT include investment instructions in this section as they will not be acted upon. This section is intended to provide information such as mailing instructions or special processing requests.**

**SIGNATURE AND ACCEPTANCE**

I, the undersigned, have received and agree to the terms and conditions set forth in the PlanMember Client Agreement. For PlanMember Elite, Strategist and Preference Accounts, I have received and agree to the terms and provisions set forth in the PlanMember Investment Advisory Agreement. I certify that: (1) the information provided on this form is true, correct and complete; and (2) the Social Security number in the Personal Information Section is correct.

**Client Signature:****Date:****Joint Owner Signature:****Date:**

To make any future changes to the information contained in this form, please call the **PlanMember Service Center at (800) 874-6910**

**FOR FINANCIAL PROFESSIONAL USE ONLY**

I certify that I have exercised reasonable care, diligence and skill in making this Investment recommendation. I have considered my client's financial circumstances and needs as well as the features, benefits and costs of the recommended product(s). I have discussed other reasonably available alternatives with the client and believe that the recommendation is in the client's best interest. Further, I have provided the client all required disclosure documents and account agreements. If the client has elected electronic delivery for these documents, I have verified that he/ she is aware of the web address to access these documents.

Financial Professional (Print Name) Bill Devine  
Financial Professional Signature

Rep ID Number NY476EG  
Date