



Mutual Fund Switch Form

Please submit this form with new account applications (if applicable) and when recommending a switch to a client.

Representative's Name: _____ Representative Number: _____

Client's Name: _____ Transaction Date: _____

I. General Information

Investment Name: _____

Purchase Date: _____

Fund Redeemed: _____ Fund Purchased: _____

II. Reason for the Switch

Change in investment objective

Requires an updated new account form signed by the client

Has performed below expectations

Return YTD: _____ % Last 12 month return: _____ % Last 5 year return: _____ %

Other: _____

II. Customer Statement

I have been informed of the following (check all that apply): Breakpoint qualifications

Rights of Accumulation Purchase under a letter of intent in regard to the new mutual funds

I am aware of a possible CDSC-Contingent Deferred Sales Charge-on my sale and possible charges or loads on my new fund.

Class B-CDSC Charge on sale: \$ _____ (_____) %

Load or Charge on my new fund: \$ _____ (_____) %

I will incur a capital gain tax I will **NOT** incur a capital gain tax liability

III. Customer Disclosures (initials required)

A. _____ I understand that past performance/result is no guarantee of future performance/result

B. _____ I understand that switching my investment, may extend the holding period required to avoid any additional deferred sales charge(s)

C. _____ My registered representative explained to me all the exchange privileges available within my current investment family (if any)

D. _____ This sell transaction was: Solicited Unsolicited

E. _____ This buy transaction was: Solicited Unsolicited

Client's Name

Client's Signature

Date

Representative's Signature/Rep #

<u>Home Office Use</u>	
Received in home office: _____	Review Date: _____
Approved by: _____	
Scanned to system: _____ by: _____	