

Please complete all information on this form.

Form can be faxed to (972) 870-6808, emailed to [sale supervision@avantax.com](mailto:sale supervision@avantax.com), or remote captured.

**CLIENT INFORMATION**

Client Name	SSN/TIN
Client Name	SSN/TIN

**EXITING INVESTMENT**

**Solicited** - Purchased or sold with guidance from financial professional (FP) as to fund selection.

**Unsolicited** - Purchased or sold solely at the client's request with no input from financial professional.

Did your current financial professional sell you the exiting investments?  Yes  No

**NAME OF SPECIFIC INVESTMENT EXITED (IF MULTIPLE FUNDS / UIT / ANNUITIES ARE BEING EXITED, PLEASE LIST ALL)**

Security Name / Symbol	Sell Amount \$	Share Class	Purchase Date	Surrender Charge \$	Annual Expense %
		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> Other _____			
		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> Other _____			
		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> Other _____			
		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> Other _____			
		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> Other _____			

**If an annuity is being surrendered, please provide the following (if none, enter zero):** Please note that a statement of the exiting contract must be submitted when surrendering an annuity.

Death Benefit Amount of Contract Being Surrendered _____	Living Benefit Amount of Contract Being Surrendered \$ _____
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**INVESTMENT TO BE PURCHASED (IF MULTIPLE FUNDS / UIT ARE BEING PURCHASED, PLEASE LIST ALL FUNDS)**

Security Name / Symbol	Purchase Amount \$	Share Class	Front End Load % or Record Keeping Fee	Contingent Deferred Sales Charge (CDSC) Period	Annual Expense %
		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> Other _____			
		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> Other _____			
		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> Other _____			
		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> Other _____			
		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> Other _____			

**REASON FOR PURCHASING NEW INVESTMENT (PLEASE SELECT ALL THAT APPLY)** Change in Client Investment Strategy – Please Explain: Lower Expenses – Please attach Supporting Documentation like the FINRA Fund Analyzer which can be located here: [FINRA Fund Analyzer](#) Performance – Please attach supporting documentation like Yahoo Finance or Morningstar comparisons Access to Multi Fund/Manager Platform with Automatic Rebalancing Other – Please Explain:**TIME HORIZON FOR THE NEW INVESTMENT** 1 to 3 years       4 to 7 years       8+ years**ACKNOWLEDGEMENT**

- I have determined that my present investment portfolio should be altered. Therefore, I have decided to make a change in my investment account as set forth above in order to ensure consistency with my investment strategy.
- I have been informed of the other options within my current family of funds.
- I realize that there may be tax liabilities associated with such a change. It is my responsibility to consult with my tax advisor regarding my particular situation.
- I acknowledge that there may be exit costs as well as new acquisition costs associated with pursuing changes in my investment account and that my Avantax Financial Professional has fully disclosed to me any and all costs associated with making these changes. I understand that for complete details regarding a specific investment, I should refer to the prospectus.
- I have received a prospectus for the funds being purchased.
- If liquidating an annuity, I understand that by surrendering my contract, the riders I have purchased will be forfeited and I will only be able to redeem or transfer the surrender contract value.

I/We understand and consent to the above changes to my/our investment portfolio.  
 (All account parties must sign below.)

Client Signature	Date
Client Signature	Date

Financial Professional Signature	Date
Financial Professional Name (Printed)	FP Number

**INTERNAL USE ONLY**

<input type="checkbox"/> Approve <input type="checkbox"/> Reject	Sales Supervisor Signature:
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