

# REQUEST TO SWITCH INVESTMENTS ACKNOWLEDGEMENT

SIS USE ONLY
Accepting Principal: _____ Date: _____

**Instructions: This form must be completed if you are liquidating one company's investment that is sold by prospectus (i.e. mutual fund, annuity, life insurance etc.) to reinvest the proceeds into another company's investment that is sold by prospectus.**

SIS considers Mutual Funds and Variable Annuity Contract products to be long-term investments and it is the policy of SIS to allow a replacement/switch only when it can be clearly demonstrated that the investment or personal objectives of the client can be better served by the change. This form is designed to help you and your Registered Representative explore the consequences (both positive and negative) of this replacement/switch and outline your understanding of those consequences.

**1) Transaction Background:**

Account name: \_\_\_\_\_ Original purchase date: \_\_\_\_\_

Investment being considered for liquidation (note both product name & company **and current value**):

Was this investment originally sold to you by your current SIS Registered Representative? \_\_\_\_ yes \_\_\_\_ no

Investment being recommended for purchase (note both product name & company): \_\_\_\_\_

**2) This section to be completed by the client:**

Please acknowledge that your SIS Registered Representative has discussed the following information with you, that you agree this replacement/switch better serves your needs and that you understand the consequences of the transaction by **initialing next to each** statement below that applies to the transaction described above.

I understand that: **(all owners must initial next to each statement below that applies to the transaction described above)**

- \_\_\_\_\_ I will pay a sales charge on the purchase of approx \$\_\_\_\_\_.
- \_\_\_\_\_ I will pay a surrender charge of approximately \$\_\_\_\_\_ on the liquidation or exchange.
- \_\_\_\_\_ I will incur additional transaction charges on the liquidation or exchange in the approximate amount of \$\_\_\_\_\_.
- \_\_\_\_\_ I am purchasing an annuity or life policy that is subject to surrender charges according to the following schedule:

\_\_\_\_\_ If this transaction involves a full or partial surrender from a Variable Annuity or Variable Universal Life contract, I may lose an estimated death benefit value of approximately \$\_\_\_\_\_.

\_\_\_\_\_ I realize I can exchange funds under the same fund management group (family of funds) without a sales charge or with a reduced sales charge of \_\_\_\_\_%.

\_\_\_\_\_ I am fully or partially surrendering a product with mortality and/or expense fees of \_\_\_\_\_% and purchasing a product with mortality and/or expense fees of \_\_\_\_\_%.

\_\_\_\_\_ I have exchanged (or switched) part or all of another variable product within the last 36 months.

Signature of First Owner	Printed Name	Date
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Signature of Joint Owner	Printed Name	Date
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Client/Account name: \_\_\_\_\_

**3) This section is to be completed by the SIS Registered Representative:**

Please describe all material facts upon which you based your recommendation (i.e. fund performance, reallocation, change in investment objectives etc.). Your description should include an evaluation of the changes in total return to this client, including all fees and charges, that may result from the transaction described above. (Use back of form or attachment if more space is needed.)

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**I represent that my client has been advised of all material facts regarding this transaction. I further represent that I have reviewed the prospectus, statement of additional information and other fund company literature and have discussed with my client all commission discount features for which he/she is eligible, including a transfer at Net Asset Value (“NAV”) or reinstatement at NAV, if available.**

\_\_\_\_\_  
**Registered Representative Signature**

\_\_\_\_\_  
**Rep Code**

\_\_\_\_\_  
**Date**