



Investment Advisory Services Cancellation Request Form

1. Account Information

Date: _____

First Name	M.I.	Last Name

Advisor Name	Account Number

2. Cancellation Reason

<input type="checkbox"/> Rollover	<input type="checkbox"/> Cost
<input type="checkbox"/> Advisor Choice	<input type="checkbox"/> No Response From Client
<input type="checkbox"/> Deceased	<input type="checkbox"/> Client Wants to Manage on Own
<input type="checkbox"/> Using Another Financial Planner	<input type="checkbox"/> Other (specify):
<input type="checkbox"/> Performance	

3. Refund

Is the client due a Refund? Yes No Reason: _____

Refund Type: Pro-rata Full Specific Amount: _____

“I affirm that I have discussed this change with Client named above and he/she is in agreement with this cancellation request.”

Advisor Signature: _____ Date: _____

For RMS use only: SO AQ KP PLAN S50 SVT FILE

Anniversary: _____ Pymt Freq: _____ Refund: _____

Last Pymt Appl: _____ Pymt Source: _____ Due RMS: _____

Pymt Meth: _____