



**SWITCH FORM**

Acknowledgement of Investment Product Change

\* If switching from a mutual fund, annuity, brokerage, open architecture, or life insurance product, attach a recent account statement \*

A. **Client Name:** \_\_\_\_\_ **Client SSN:** \_\_\_\_\_

**Joint Client Name:** \_\_\_\_\_ **Joint Client SSN:** \_\_\_\_\_

B. **Existing Account/Policy:** \_\_\_\_\_ **Acct No:** \_\_\_\_\_

Type of Investment: Variable Life Variable Annuity Mutual Fund Equity-Indexed  
Life Equity-Indexed Annuity Bank Product Other: \_\_\_\_\_  
Brokerage [Will this be an ACATS? Y N / Will this be a Like in Kind? Y N]

New Acct/TBD

C. **Proposed Investment** Provider: \_\_\_\_\_ **Acct No:** \_\_\_\_\_

Type of Investment: Variable Life Variable Annuity Mutual Fund Brokerage Open Architecture  
Other: \_\_\_\_\_

D. **For Completion by Client** – Please answer the following questions:

- Will you incur a surrender charge on your existing investment as a result of this transaction? YES NO  
If Yes, list approximate dollar amount of surrender charge \$\_\_\_\_\_ and percentage of investment value this represents \_\_\_\_\_%
- Have you discussed the possible impact of any change in death benefits as a result of this switch? YES NO
- As a result of this switch, my investment risk is: Increased Decreased About the same

E. **Explanation for Switch** (attach additional page, if necessary)

- Material facts on which the recommendation to liquidate the original investment is based.  
\_\_\_\_\_
- Material facts on which the recommendation to purchase the new investment is based.  
\_\_\_\_\_

F. **Customer Acknowledgement:**

- I understand that it is not the Company’s policy to recommend the sale and purchase of securities unless a person’s investment or personal objectives can be better served.
- I understand that I may incur a capital gain tax liability on any profit realized, thus reducing my investment capital by the extent of such capital gain, if any. For retirement accounts, there may be federal income tax penalties for withdrawals before age 59 ½. I have been advised to consult my tax advisor for information on the tax implications of this change.
- If I am changing my life or annuity policy, I have evaluated the original policy and applicable riders that could be exercised to my benefit and any other exchange program available from the original insurance company. Upon completion of this review, I believe that the existing company policy, riders, and programs are not in my best interest to achieve my investment objectives

\_\_\_\_\_  
Client Signature Date Representative 1 Signature Date

\_\_\_\_\_  
Joint Client Signature Date Representative 2 Signature Date

\_\_\_\_\_  
Approved Principal Signature Date CCO Approval Date