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GLP Investment Services, LLC
Member FINRA/SIPC

Home Office
33305 Grand River Avenue
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TRANSFER AUTHORIZATION FORM

Client(s) Name: _____

CURRENT INVESTMENT INFORMATION:

1. Current Investment _____
2. Existing Account Number/Account Type/Registration _____
3. Dollar Amount Invested \$ _____
4. Current Value \$ _____
5. In what year was the investment purchased? _____
6. Sales Charges (\$): _____ Current Share Class: _____ Other: _____
 - a. Front End % _____
 - b. Back End % or Surrender Charge _____
 - c. Advisory Fee (\$): _____
7. Does the current investment offer a Free Exchange? Yes No
 If yes, client understands that this exchange could be utilized to accomplish client's objective, if applicable.
 Is this a rollover? Yes No If yes, complete the applicable Rollover Questionnaire.

NEW INVESTMENT INFORMATION:

1. Investment to be purchased _____ New Share Class: _____ Other: _____
2. Amount of new investment \$ _____
3. Sales Charges/Fees:
 - a. Amount of front-end sales charge % _____
 - b. Percentage of back end sales charges by year/CDSC Schedule: _____
 - c. Advisory/Level Fees (AUM based): _____
4. Reason for Transfer Request/Best Interest Documentation (REQUIRED): Please detail rationale in note section below. What factors were discussed with the client that led to this recommendation and which reasonably available options for investment were reviewed with the client. *May refer to other form/notes if already addressed.

<input type="checkbox"/> Seeking greater diversification, detail below	<input type="checkbox"/> Adjustment in investment objective (update NAF)
<input type="checkbox"/> Access to Active Management (IARs ONLY)	<input type="checkbox"/> Improved service/lack of service with current advisor
<input type="checkbox"/> Notes:	

Client has been advised of the potential advantages of a Letter of Intent and/or Rights of Accumulation Yes No
Client has been advised of capital gain or loss for tax purposes upon the liquidation of the current investment Yes No
Client has has not made previous liquidations of Plans or Fund Shares to make purchases of other Plans or Fund Shares

Client's Signature _____ Date _____

(If Joint Registration, both must sign) _____ Date _____

Representative's Signature _____ Date _____

Representative's Name (please print) _____

Home Office Approval _____ Date _____