Letter of Intent to Switch Investments

CAPITAL INVESTMENT COMPANIES®
INTEGRITY • INDEPENDENCE • INNOVATION

CLIENT NAME: _____
ACCOUNT #: _____
REP CODE: _____
PROCESS METHOD (Circle One) 1) DIRECT 2) SAL

In connection with the following investment switch:

Purchase of _____, which is (check one):
(Describe investment or attach appropriate documentation)

☐ Mutual Fund Shares ☐ Annuity Contract

and sale of _____, which is (check one):
(Describe investment or attach appropriate documentation such as a recent statement)

☐ Mutual Fund Shares ☐ Annuity Contract

Approximate amount of intended investment $ _____

I acknowledge the following: (Client must initial each blank)

_____ (*Initial*) My broker has explained that mutual funds and annuity contracts are typically designed to be long-term investments.

_____ (*Initial*) My broker has discussed the associated surrender charges, sales charges and/or other additional expenses that I will incur with this transaction.

_____ (*Initial*) My broker has made me aware that I may have options within the fund family/annuity that would allow me to change investment strategies without incurring some or all of the costs stated above.

_____ (*Initial*) The above referenced transaction may result in a taxable gain or loss and I am aware that I should discuss this with my tax advisor.

_____ (*Initial*) The above referenced transaction may result in a loss of living or death benefits as a result of any change, surrender or withdrawal from an annuity contract.

The reason for the switch:

☐ Poor Performance ☐ Change in Investment Objectives ☐ Change in Financial Status ☐ Other

Material Facts for the Switch: _____

_____

Additional Client Acknowledgements:

- I have received a prospectus for my new investment noted above.
- I realize that it is not the policy of the firm to recommend the sale of securities unless a person's investment or personal objectives can be better served.
- I understand that a capital gain tax liability on any profit would effectively reduce my invested capital to the extent of such capital gain. (Please consult your tax advisor should you have questions on this matter)
- I, the undersigned, understand and agree to the above information.

Customer: _____ _____ _____
Name *Signature* *Date*

Joint Party: _____ _____ _____
Name *Signature* *Date*

Registered Representative: _____ _____ _____
Name *Signature* *Date*

Registered Principal: _____ _____ _____
Name *Signature* *Date*