



Spire Securities Mutual Fund Switch Form & Authorization

CLIENT NAME(S): _____

ACCOUNT #: _____

REP CODE: _____

PROCESS METHOD

☐

DIRECT

☐

NFS/DBS

Relative to the following mutual fund switch:

Approximate amount of intended investment \$ _____

Solicited/unsolicited transaction: ☐ Solicited ☐ Unsolicited

Purchase of the following:

Security Name (Mutual Fund Family)	Fund Name (Symbol or Full Name)	Share Class	Est. Current Value	Purchase Price (Share price)	Initial Sales Charge

From the sale/liquidation of the following position(s):

Security Name (Mutual Fund Family)	Fund Name (Symbol or Full Name)	Share Class	Est. Current Value	Purchase Price (Share price)	Initial Sales Charge

I acknowledge the following: (Each client **must** initial each blank)

____ (Initial) My representative has explained that mutual funds are typically designed to be longer term investments.

____ (Initial) My representative has discussed the associated penalties for early liquidation, surrender charges, sales charges and/or other additional expenses that I will incur with this transaction. Surrender charges, sales charges, or other expenses \$_____.

____ (Initial) My representative has made me aware that I may have options within the fund family 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 it with my tax advisor.

Reason for the switch:

☐

Poor Performance

☐

Change in Investment Objectives

☐

Change in Financial Status

☐

Other

State the material facts regarding the switch:

Securities offered through Spire Securities, LLC., a Registered Broker/Dealer and member FINRA/SIPC

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 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.

Client:	_____	_____	_____
	<i>Name</i>	<i>Signature</i>	<i>Date</i>

Joint Client:	_____	_____	_____
	<i>Name</i>	<i>Signature</i>	<i>Date</i>

Registered Representative:	_____	_____	_____
	<i>Name</i>	<i>Signature</i>	<i>Date</i>

Registered Principal:	_____	_____	_____
	<i>Name</i>	<i>Signature</i>	<i>Date</i>