# Advisor Attestation of Client Instructions

ALL CUSTODIANS

**All third-party asset movement requests and instructions must be verbally confirmed with the account owner(s) ("Attestation") by an approved Home Office Operations Associate prior to submitting the asset movement request to the custodian. For the security and protection of the clients, Spire cannot and will not grant any exceptions or exemptions regardless of the situation or circumstances (e.g., time sensitive deadlines). Failure to comply with this procedure will result in delays for the client and disciplinary action for the Advisor.**

**A third-party transaction is defined as any asset movement where there is a complete loss of ownership of the funds.**

**The Attestation is also required for all First Party wires and initial setup or update of First Party Standing Instructions.**

**Please complete the information below and advise the client that an Operations Associate from Spire Investment Partners will be calling them to verify their identity, the asset movement request, and transaction instructions. For clients who prefer the Advisor or Advisor's employee to be present, please mark "conference call" below and the attestation will be completed accordingly.**

## 1. Account Information & Transaction Request Details

**Full Legal Name of Requestor:** ______________________________

**TYPE OF ASSET MOVEMENT & AMOUNT:**

☐ One-Time Amount: $ ______________________

☐ Establish Standing Instructions ☐ New Account ☐ Existing Account

☐ Update Standing Instructions

**FROM ACCOUNT:**

**Account(s):** ______________________________ **Custodian:** ______________________

**Name(s) on Account: (if different than requestor)**______________________________

☐ **1st PARTY** ☐ **3rd PARTY**

**Reason/Purpose of Transaction:**

☐ Standing Instructions for future distributions
☐ Wire funds to personal account at another financial institution
☐ Mortgage settlement/closing
☐ Distribution to family member
☐ Purchase—Additional details listed below
☐ Other (provide details below):

**PAYMENT METHOD:**

☐ **EFT/ACH:**

Name of Bank: ______________________________

Account #: ______________________ Name(s) on Account: ______________________________

☐ **Wire:**

Name of Bank: ________________________________________

Account #: ____________________________ Name(s) on Account: ______________________________________________

☐ **Check:**

Recipient Name: ______________________________________

☐ **Journal/Internal Transfer:** Account # __________________ Name(s) on Account: _________________________________

**How did you confirm this request?** ☐ Phone Call ☐ In-Person

**Date of Confirmation:** _______________ **Time of Confirmation:** ________________

## 2. Preferences for Attestation Call (For Third Party Only)

**Preferred Date of Attestation Call:** ☐ Today ☐ Different Day ___________

**Preferred Time Frame (2-hour window maximum)** Between _________ and _________

**Client Phone Number for Call (must be on file at custodian and/or Spire):** ______________________

**Advisor/Client preference:**
☐ Conference call with someone from your team
Full Name of Team Member ___________________________
Team Member Phone # ______________________________
☐ Direct call from Spire's Home Office to the client

## 3. Advisor Certification & Submission

By submitting this form, I certify that this asset movement request has not been initiated in the custodian's cashiering/move money tool. Furthermore, I certify that the client is prepared to receive a call from Spire.

_________________________________________________________________ ___________________

**Advisor/Advisor Employee Name** **Date**

*(By printing your name, in lieu of a signature, you are attesting that the information above is accurate and the transaction has not been submitted.)*

## 4. Verification (For Home Office Use Only)

**I. Items Verified**

☐ **Name**

☐ **Address**

☐ **Last 5 of SSN**

☐ **Date of Birth**

☐ **Other Verification Method Used:** ______________________________

☐ **Phone Number Verified:** ___________________ (must match account information on file)

**II. Verification Platform:** ________________________ ( ☐ **Spire Access** ☐ **Custodian)**

**Date of Call:** _______________ **Time of Call:** _____________ **Name of Spire Associate:** ____________________________

*(By printing your name, in lieu of a signature, you are attesting that the information above has been verified to the best of your ability.)*