

TRANSFER REQUEST FORM

Version May 2016, to be printed in legal/long bond paper

Type of Request: (Check one)		<input type="checkbox"/> Client-Initiated	<input type="checkbox"/> Distributor-Initiated	<input type="checkbox"/> PAMI-Initiated	
Client-Initiated					
Client's Name					
		(Last Name)	(First Name)	(Middle Initial)	
Folio No. (All Funds)		PREVIOUS Broker		NEW Broker	
		Code	Name	Code	Name
Reason for Change Request (mandatory field, please check box): <input type="checkbox"/> Service Issues / Not being serviced by broker <input type="checkbox"/> wants to maintain only one broker <input type="checkbox"/> from New Broker <input type="checkbox"/> Client is the CIS <input type="checkbox"/> Others, please specify reason.					
Client's Signature (if Corporate Account, must be signed by at least 2 authorized signatories)				Date	
Distributor-Initiated / PAMI-Initiated					
Folio No. (All Funds)		PREVIOUS Broker		NEW Broker	
		Code	Broker / Channel	Code	Broker / Channel
Reason for Change Request (mandatory field): <input type="checkbox"/> change of Channel <input type="checkbox"/> from New Broker <input type="checkbox"/> PAMI-assigned orphan account					
Requested by New Broker:		Certification by RM:			
Signature over Printed Name Date		1. The previous/old broker/channel, if active, has been notified of the request for transfer. Attach notification. 2. New broker is a Certified Investment Solicitor (CIS). 3. Expecting additional subscription by the client within the next 30 days. Refer to Item #6 of the Terms below. <input type="checkbox"/> NO <input type="checkbox"/> YES, please provide details on Remarks below			
Endorsed by RM:		Checked / Approved by:			
Signature over Printed Name Date		_____	_____	_____	
		Channel Sales Head	Client Servicing Head	President & CEO	
Terms					
1. Changes will be applicable for all the funds 2. All changes will be effective prospectively 3. Three types of changes allowed in this form: a. Client-initiated – client has requested to change his current financial advisor. b. Distributor Initiated – TRF must be supported by Personal Information Sheet (PIS); for brokers transferring to a different channel / agency. c. PAMI – Initiated – for re-assigned orphan accounts; must have required supporting documents (see Orphan Accounts Policy) 4. Only one type of change request is permitted per form. Strike out change types that are not applicable. 5. For PAMI/Distributor-initiated request, in case the change to be effected include multiple folios, please provide the folio details in an excel file in the above format. 6. The requesting CIS must inform his RM if they are expecting any additional investments from the client before the approval and the actual implementation of the retagging request, which may be up to 30 days. If there is none, it is understood that should the client makes additional investments prior to the actual implementation of the retagging request, all commissions from such will be due to the old broker, if active. Refer to Retagging Policy. 7. Approved TRF must be submitted to Transfer Agency Unit on or before the 15 th of every month to effect the change within the same month.					
For PAMI's Use Only					
<input type="checkbox"/> Signature Verified by SSA		<input type="checkbox"/> Received by Client Servicing		<input type="checkbox"/> Received by TA and Finance	
Signature over Printed Name Date		Signature over Printed Name Date		Signature over Printed Name Date	
Remarks:					