

RMS Investment Advisory Services

Model Change Request Form

1. Account Information

First Name	M.I.	Last Name
Account Number	Advisor Name	Plan Name

2. Model Selection Change

Current Model (least risk to most risk)	New Model (least risk to most risk)
<input type="checkbox"/> Income & Preservation <input type="checkbox"/> Capital Preservation <input type="checkbox"/> Conservative Growth <input type="checkbox"/> Growth & Income <input type="checkbox"/> Balanced Growth <input type="checkbox"/> Growth <input type="checkbox"/> Aggressive Growth	<input type="checkbox"/> Income & Preservation <input type="checkbox"/> Capital Preservation <input type="checkbox"/> Conservative Growth <input type="checkbox"/> Growth & Income <input type="checkbox"/> Balanced Growth <input type="checkbox"/> Growth <input type="checkbox"/> Aggressive Growth
Reason for Change:	

3. Contribution Direction Change

If this is a temporary reassignment, should future contributions continue to be invested in the existing portfolio or should they also be reallocated to the new portfolio?
<input type="checkbox"/> Invest future contributions into the EXISTING model strategy
<input type="checkbox"/> Invest future contributions into the NEW model strategy

If signed by Solicitor:

“I affirm that I have discussed this change with Client name above and he/she is in agreement.”

Solicitor Signature: _____ Date: _____

For RMS use only:

SO Model Code Last Trade Date Attached Form in SO Print Confirm File