

Investacorp Advisory Services, Inc. Mutual Fund/Annuity Switch Request Form

Client(s): _____

IAS Representative: _____

Funds/Annuity to be liquidated: _____

Advisory program to be purchased: _____

Please remember that it is the client's responsibility to take time to read and understand the Mutual Fund/Annuity Switch Request Form. This Mutual Fund/Annuity Switch Request Form must be completed in full by the client. If you should have any questions, please contact the Investacorp Advisory Services Compliance Department at (305) 828-2888 or your IAS Representative.

1. I/We understand that, if applicable, I/we will pay a new fee on the advisory program to be purchased.

Check the appropriate box: Yes No N/A

2. I/We understand that, if applicable, the mutual fund or annuity to be liquidated may charge a back-end surrender charge and/or a liquidation fee.

Check the appropriate box: Yes No N/A

3. I/We understand that, if applicable, in a non-qualified plan, I/we will under most circumstances, be subject to a capital gain or loss that is incurred on the proceeds received from the mutual fund, annuity or advisory program liquidated.

Check the appropriate box: Yes No N/A

4. I/We understand that because of #1, #2, and #3 above or any combination thereof, the effective return on my investment may be affected negatively and that I/we have taken these factors into account when deciding to request this switch.

Check the appropriate box: Yes No

5. I/We understand that there is no assurance that the mutual fund, annuity or advisory program to be purchased will perform as well as or better than the mutual fund, annuity or advisory program to be liquidated.

Check the appropriate box: Yes No

6. I/We understand that instead of the proposed mutual fund or annuity switch, if applicable, I/we could take advantage of any free or low fee exchange privilege into another mutual fund within the same mutual fund family, or in the case of an annuity I/we could take advantage of any free or low exchange privilege within the same annuity.

Check the appropriate box: Yes No N/A

I/We, having read the applicable prospectus and/or advisory documentation and being fully aware of the above, direct the above stated switch.

Date

Client's Signature

Date

Co-Client's Signature