GP WEALTH MANAGEMENT
INDEPENDENT THINKING WORKING FOR YOU

GP Wealth Signature Service Account
Scheduled Mutual Fund Redemption Form

Reset Form

❶ Client Information *(Please check one box and print name in full)*

Account Holder *(please check one box and print name in full)* ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Corporate

Last Name | First Name | Initial | DOB (MM/DD/YYYY)

Co-Account Holder *(please check one box and print name in full)* ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Corporate

Last Name | First Name | Initial | DOB (MM/DD/YYYY)

❷ Fee for Service Account

B2B Account Number

GP Plan ID Number/Plan Type

❸ Advisory Fee Schedule

I hereby request and authorize B2B Bank Financial Services Inc. (herein after referred to the "Account Administrator") of the above mentioned plan, to accept my instructions to redeem the mutual funds listed below in the following order. Proceeds of the redemption will be distributed to my Dealer/Financial Advisor as payment for an advisory fee as outlined in the GP Wealth Management (herein referred to as "GPWM") Signature Service Account Addendum. I understand that GPWM has acted as my registered dealer for this mutual fund transaction.

This authority will remain in effect until such time as contrary instructions in writing are received at the Account Administrator at least 10 business days prior to the scheduled redemption. I agree to indemnify and save harmless the Account Administrator for any penalties, taxes and other charges levied or imposed by any regulatory authorities with regard to my plan at any time.

Fund Code (Mandatory)	Mutual Fund Name	Account No.

Special Instructions/Notes:

❺ Account Holder(s) Signature Required

X
Account Holder's Signature MM/DD/YYYY

X
Co-Account Holder's Signature MM/DD/YYYY

❻ Dealer/Financial Advisor Signature Required

X
Financial Advisor Signature | FA Name & Dealer Number | MM/DD/YYYY