

## BRIGHT FUTURES WEALTH MANAGEMENT (BFWM)

### IRA Rollover Acknowledgement Form

This form is to be used when you are rolling over funds from an employer-sponsored plan such as - 401k, profit sharing, defined benefit, Keogh, SEPs, Simple, SARSEP, Money Purchase, ESOPs, non-governmental or non-church 403bs into a BFWM IRA advisory account.

Rollovers exempt from this form include those from all government/church plans such as 403bs and 457s; non-qualified plans, Rabbi Trusts, 529 plans and UGMA/UTMAs.

Your Name: \_\_\_\_\_ Proposed Rollover Amt. (approx.): \_\_\_\_\_

- |                                                        |           |                    |
|--------------------------------------------------------|-----------|--------------------|
| 1) Does the plan require the account to be rolled out? | _____ Yes | _____ No           |
| 2) Does your new retirement plan allow roll ins?       | _____ Yes | _____ No _____ N/A |
| 3) Are you aware you will likely lose loan features?   | _____ Yes | _____ No           |
| 4) Is there a loan on the account?                     | _____ Yes | _____ No           |
| 5) Are there any guaranteed investment options?        | _____ Yes | _____ No           |
| 6) Is company stock one of the current holdings?       | _____ Yes | _____ No           |

- 7) Provide a general number of available investment options
- 8) Compare total costs of each, including fund, advisor, admin

| Current | Proposed |
|---------|----------|
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- 9) Below summarizes service differences between my current plan and the proposed BFWM IRA:

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- 10) Below summarizes why I believe this rollover to be in my best interest:

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- 11) Has a financial plan been done in connection to this rollover? \_\_\_\_\_ Yes \_\_\_\_\_ No

With my signature below, I certify that: (i) I am aware that I can only make one rollover in any 12-month period, (ii) I am aware that the tax consequences of the withdrawal are deferred only if the funds are redeposited to a qualified account within sixty (60) days, (iii) I understand that there may be tax consequences (including penalties and minimum distributions) associated with any rollover, and (iv) I understand that I should discuss any such concerns with a qualified tax professional and/or legal professional of my choice.

I certify that: (i) I am aware that an advisory IRA may include fees and investment expenses that are generally higher than those normally associated with an employer-sponsored Plan, (ii) I understand that, depending on the laws of the state in which I reside, assets in an IRA may not be protected from creditors, (iii) I have been advised to consult with a tax professional and/or the administrator of my retirement plan to get an understanding of the fees and expenses charged by my current Plan and compare those with the expenses incurred if my retirement savings are held in a BFWM advisory IRA.

Further,

- I understand my advisor is relying on information I provided in making this recommendation.
- My advisor will likely receive advisory fees in connection with this account.
- All investments are subject to market risk, fluctuations, loss of principal and are not guaranteed.
- There is no guarantee that any new investment purchased in the BFWM IRA from rollover proceeds will perform any better than the existing holdings.
- I understand that rollovers from qualified plans, SEPs and SIMPLE IRAs have no maximum limit for federal bankruptcy protections.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**INTERNAL USE ONLY**

I certify that I have provided a Morningstar snapshot for both **existing** and **proposed** holdings to the BFWM CCO and/or complied with other BFWM due diligence requirements associated with this qualified account rollover.

I also certify I understand no funds can be moved until receiving BFWM CCO or designated compliance professional approval.

Any questions regarding this form, should be directed to the BFWM CCO.

Advisor Name: \_\_\_\_\_ Advisor Signature: \_\_\_\_\_

CCO Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CCO Comments: \_\_\_\_\_  
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