

Prepared for:	
Current Qualified Plan	Expected Rollover Outcome
If applicable, Company Match: ____%	
Current Investments:	IRA/Roth IRA/Annuity/Mix:
Investment Options:	Recommend Investment Options:
Distribution Options:	Distribution Options:
Consultation Received From Provider:	Expected Consultation:
Benefits:	Benefits:
Restrictions/Limitations:	Restrictions/Limitations:
Taxes:	Taxes:
Fees:	Fees:

Other alternatives available:

- Rollover to IRA
- Leave monies in the employer plan, if permitted
- Exercise Net Unrealize Appreciation (NUA), if appropriate
- Other: _____

Investment Advisor Representative: _____

Recommendation:

Investment Advisor Representative Summary/Explanation for Recommendation:

Client Name and Address:

By signing below, Client acknowledges that it is their decision as it relates to their:

- 401(k)
- 403(b)
- IRA
- SEP Plan
- Other: _____

To:

- ACCEPT the recommendation as outlined above.
- REJECT the recommendation as outlined above.

Client Comments: _____

Signature

Date