



Cancellation Request Form

1. Account Information

First Name	M.I.	Last Name

Advisor Name	Account Name

2. Cancellation Reason

Rollover	Cost
Advisor Choice	Lack of Advisor Communication
Deceased	No Response from Client
Using Another Financial Planner	Client Wants to Manage on Their Own
Performance	Other:

If client was paying in installments and fees remain due to RMS per the Advisory Agreement, RMS will notify advisor of amount due and collection options available.

3. Signatures

Client Signature: _____

Date: _____

If signed by Solicitor:

"I affirm that I have discussed this change with the Client named above and he/she is in agreement."

Solicitor Signature: _____

Date: _____

For RMS use only:

- | | | | | |
|--|------------------------------|-------------------------------|-------------------------------|--|
| <input type="checkbox"/> SO | <input type="checkbox"/> AQ | <input type="checkbox"/> KP | <input type="checkbox"/> PLAN | <input type="checkbox"/> BOARD |
| <input type="checkbox"/> PYMT Method: | | | | <input type="checkbox"/> PYMT Frequency: |
| <input type="checkbox"/> PYMT Source: | | | | <input type="checkbox"/> Last PYMT Received: |
| <input type="checkbox"/> Amount Due RMS: | | | | |
| <input type="checkbox"/> S50 | <input type="checkbox"/> SVT | <input type="checkbox"/> FILE | | |