



HighPoint Advisor Group

Rollover Rationale Form

| | |
|--------------------|--|
| Traditional Acct # | |
| Roth Acct # | |
| Rep ID | |

This form must be attached to the WMSA for any IRA account being funded with a rollover from an employer-sponsored retirement plan. Advisors are prohibited from recommending a rollover of an employer sponsored plan and may only provide education on the available options.

1. Reason the Client plans to roll over their retirement plan assets (select all that apply):

- Client is over age 50, the current plan does not have distribution capabilities, and the Client wants to prepare in case he/she wants to take distributions in the future.
- Client is nearing age 59 ½, and the current plan does not have distribution capabilities.
- Client is dissatisfied with the range of investment options in their current plan.
- Client prefers the advice and consultation of a financial professional on these assets.
- Client does not want the assets to be held by a former employer or the employer is terminating the plan.
- Client desires more frequent monitoring and adjustments of their retirement plan.
- Client would like the ability to add a lifetime income option now or in the future.
- Client would like to have access to investment planning services that would enable a financial professional to make allocations across multiple accounts.
- Client would like the ability to use an advisory program that is not available under their current plan.
- Client would like to consolidate some/all assets with one service provider.
- Client has already made an informed decision to roll out and is seeking advice from the financial professional for the roll into an IRA.

2. Notes (if additional information was provided by Client):



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3. Client Disclosures:

I have discussed with my Advisor the distribution or roll out of assets held in an employer-sponsored retirement plan (Plan), the transfer of those assets to an IRA, and/or the engagement of the financial professional to provide me with advisory services with respect to an IRA account. It is important to understand the following information when considering a roll out of assets from a Plan.

- The financial professional provided education only regarding the transfer or roll out of the Plan and did not recommend one option over another.
 - If I am terminating or have terminated from the employer sponsoring the Plan, I understand that I have distribution options with respect to the Plan, including that I may:
 - Remain invested in the Plan (if applicable);
 - Transfer my Plan assets to a plan of a new employer (if applicable);
 - Roll my Plan assets to an IRA with a financial institution; or
 - Take a taxable distribution from the Plan.
- If I roll my assets out of the Plan into an IRA and engage a financial professional to provide services with respect to my account, I will likely pay more in investment costs than I did when the assets were in the Plan, depending on the investments and services I select for my IRA. The financial professional will generally receive more compensation for the services to my IRA account than he/she would have if I selected a different option for my Plan assets.
- Before deciding to open an IRA and engage a financial professional, I carefully reviewed all client account agreements and account disclosure forms regarding the IRA and related services, including the pros and cons of rollovers included in the IRA adoption agreement.

4. Client Acknowledgment:

By signing below, I represent that the information contained in this form is complete and accurate. I acknowledge that the financial professional named below provided education only with respect to distribution options and did not recommend that I roll out or transfer out of the Plan.

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Client Signature | Client Name | Date |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Client Signature | Client Name | Date |

5. Financial Professional Acknowledgment:

By signing below, I represent that the information contained in this form is complete and accurate.

| | | |
|----------------------------------|-----------------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Financial Professional Signature | Financial Professional Name | Date |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Financial Professional Signature | Financial Professional Name | Date |