

## Deposit Instruction Form (For use with Checks, ACHs or Fed Wires)

Client Name(s):		Deposit Amount:\$		
Financial Professional Name: Rep #:		Rep #:		
Source of Funds (if funds don't match	n something below, contact Home	Office for guidan	<u>ce)</u> :	
<ul><li>☐ Earned Income</li><li>☐ Gift/Inheritance</li><li>☐ Insurance Beneficiary Proceeds</li><li>☐ L</li></ul>	<del></del>		_	
Alimony				
The following sources require a Liquidation	on form or Company Retirement Plan	Liquidation form.	Submitted? ☐ Yes ☐ No	
☐ Mutual Fund/Annuity Sale or Other Inv	estment Proceeds  Pension Proce	eds/IRA Rollover/Re	etirement Plan Proceeds	
Deposit Type and Location:				
Clearing Firm Check (Make Payable to Cle	earing Firm): Pershing Pershing	Advisor Solutions (	PAS)	
☐ <b>Direct Business Check</b> (Annuity, Mutual F	Fund Company, Fixed Insurance Products)	□ АСН	☐ Fed Funds Wire	
Clearing Firm Account#(s) Receiving the	Funds			
Direct Business Check Instructions:				
<u>VA / Fund Name</u>	Share Class	Account Number	<u>Amount</u>	
			<u>\$</u>	
			<u>\$</u>	
			<u>\$</u>	
Attach Copy of Check below:				
,				
If this is an ongoing periodic deposit:	Semi-Monthly ☐ Monthly ☐ Quar	terly   Annually	Day of the Month	
Contribution Year Prior Year	Current Year			
Special Instructions:	_			

**INFORMED CONSENT OF REG BI:** By submitting this form, the financial professional acknowledges that the client has been provided access to Harbour's Form CRS and/or Harbour's Best Interest Disclosure. Access may be attained electronically by visiting https://harbourinv.com/clients/regulation-bi/, on paper, or by other means.