



Liquidation Form

Print Client(s) Name: _____ **Liquidation Amount: \$** _____

By signing below, you represent that you understand and acknowledge current costs, liquidation consequences, and reasons for liquidating this investment.

Investment Name _____ **Investment Type** _____

Explain reasons for liquidating this investment:

Years Held _____ **Cost Basis \$** _____ **Liquidation Fees and Surrender Charges \$** _____

Has the client paid a front-end commission on any money in this account in the last two years? Yes _____ No _____

Was this investment originally purchased through a Harbour Representative? Yes _____ No _____

1. FOR MUTUAL FUNDS/REITS/LIMITED PARTNERSHIPS

Original Sales Charge Paid _____% **Total annual average/ approx. fees and expenses** _____%

2. MANAGED MONEY

Managed Money Firm _____ Program Fee _____% Advisor Fee _____%

3. FOR VARIABLE, FIXED OR INDEX ANNUITIES AND LIFE INSURANCE

Why does the current annuity or life insurance not meet the client's investment goals? **For replacements**, explain through cost benefit analysis how features and enhancement out-weigh any costs of replacing the existing annuity?

Have you exchanged a deferred variable annuity within the last 36 months? Yes _____ No _____

Administrative Expense _____ %
 Mortality & Expense Charge (excluding Riders): _____ %
 Optional Rider1 _____ %
 Optional Rider2 _____ %
Total Annual Expenses _____ %

	Current Value	Surrender Value	Surrender Loss \$	Loss %
Cash/Contract Value				
	Current Benefit Value	Guaranteed Benefit	Guaranteed New Initial Benefit	Guar Benefit Gain/Loss
Living Benefit				
Death Benefit				

CASH VALUE: Cash Value Life to Annuity 1035 Exchange: I/we understand that the cash value will lose possible tax-free-accessibility. I/we understand that by canceling a life insurance policy I/we will no longer have a tax-free death benefit to beneficiaries.

DEATH/LIVING BENEFIT: Loss of Death/Living Benefit: I/we understand I/we will no longer have this guaranteed death benefit or living income benefit after surrendering my annuity or life insurance

INFORMED CONSENT OF REG BI: The client hereby makes the following representations about informed consent of the receipt of certain information from Harbour: I (we) acknowledge receipt of Harbour's Form CRS and understand its contents. I (we) agree to receive, and have received, delivery of Harbour's Best Interest Disclosure by visiting <https://harbourinv.com/clients/regulation-bi/>.

Client Signature _____ Date: _____

Joint Client Signature _____ Date: _____

Financial Professional Signature _____ Rep.No.: _____