



Transmittal Form

DATE: _____

CLIENT NAME(S): _____

TYPE OF ACCOUNT:
 INDIV IRA ROTH SEP
 EDU/529 SIMPLE 401-K
 JTWROS CUST TRUST
 403-B OTHER _____

INVESTMENTS: _____

ENCLOSED:

ATTACHED:

- Letter of Understanding
- LOU previously submitted for this position
- CUSTOMER INVESTMENT PROFILE
- CIP FORM ON FILE
- LIQUIDATION FORM

Checks:
Check # _____ for \$ _____
Check # _____ for \$ _____
Check # _____ for \$ _____
Check # _____ for \$ _____

NOTE: Business will not be processed without a Letter of Understanding or a New Account Form.

SOURCE OF FUNDS (for checks \$5000 and over): Gambling Winnings/Lottery Gift/Inheritance
 Rents/Real Estate Sale Earned Income (Annual Income \$ _____) Other (please list) _____

NOTE: Any money coming from another investment firm requires a Liquidation Form.

MUTUAL FUNDS: _____

Application(s) Share Class: A B C Other ____ ROA/LOI _____ Reinvest: Div CG Both
Fund Name: _____ Amount: \$ _____ Existing #: _____
Fund Name: _____ Amount: \$ _____ Existing #: _____
Fund Name: _____ Amount: \$ _____ Existing #: _____
Fund Name: _____ Amount: \$ _____ Existing #: _____

VARIABLE ANNUITIES: _____

Application(s) Ins. Replacement Form 1035 Exchange Contracts
 Existing Contract No. _____ Option: A B C Other _____
Transfer From: _____ Amount: \$ _____
Transfer From: _____ Amount: \$ _____
Transfer From: _____ Amount: \$ _____

VARIABLE LIFE: _____

Application(s) Ins. Replacement Form 1035 Exchange Illustration AIDS Consent Supplement
 Existing Contract No. _____ Option: A B C Other _____
 Checks payable to Life Insurance Company (**NEVER** to Harbour Investments, Inc.)
Transfer From: _____ Amount \$ _____

PARTNERSHIPS: _____ OTHER FORMS ATTACHED: _____

Secondary Market Quote Form
 Checks payable to G.P. or escrow agent (**NEVER** to Harbour Investments, Inc.)

INSTRUCTIONS:

Please send package via courier and deduct charges from my commissions. OVERNIGHT 2ND DAY AIR

REPRESENTATIVE :

REP NO.