HARBOUR INVESTMENTS, INC.
Registered Investment Advisor & Independent Broker Dealer

Liquidation Form

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

By checking the box as part of the digital workflow process, 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?

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/.

Financial Professional Name_____ Rep.No.: _____