



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?

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/>.

Financial Professional Name _____

Rep.No.: _____