



# SECURITIES PURCHASE FORM

MUTUAL FUND PURCHASES

Rep Name: \_\_\_\_\_

Rep Number: \_\_\_\_\_

NEW ACCOUNT OR

EXISTING ACCOUNT #: \_\_\_\_\_

DIRECT BUSINESS OR

BROKERAGE BUSINESS

## 1. OWNER INFORMATION

|                                     |   |               |
|-------------------------------------|---|---------------|
| Primary Owner Name:                 | Social Security #/ Tax Identification # | Date of Birth |
| Joint Owner / Minor / Trustee Name: | Social Security #/ Tax Identification # | Date of Birth |

**Product Selection:** The purchases listed are:  Solicited by my representative  My own selection (Unsolicited)

MUTUAL FUNDS (SECTION 4 NOT REQUIRED)

529 PLAN

## 2. SOURCE OF FUNDS (6 month look back on all sources of funds)

| Source of Funds (Investment Switch)  | Amount Liquidated | Redeemed Product Name |
|--|-------------------|-----------------------|
| <input type="checkbox"/> CD Prior to maturity <span style="margin-left: 100px;"><input type="checkbox"/> Annuity (VA/FIA/Fixed)</span><br><input type="checkbox"/> Retirement Plan <span style="margin-left: 100px;"><input type="checkbox"/> Mutual Fund / Stock / Bond</span><br><input type="checkbox"/> Other: _____   |                   |                       |
| Source of Funds (Non-Switch)   | Amount            |                       |
| <input type="checkbox"/> Checking/Savings <span style="margin-left: 100px;"><input type="checkbox"/> Legal Settlement/QDRO</span><br><input type="checkbox"/> Inheritance/Gift <span style="margin-left: 100px;"><input type="checkbox"/> Death Claim / Insurance Proceeds</span><br><input type="checkbox"/> Payroll Deferral <span style="margin-left: 100px;"><input type="checkbox"/> Other _____</span> | \$ _____          |                       |

## 3. FUND PURCHASE(S)

| Fund Company | Fund Name | Amount | Share Class | \$ Sales Charge | % Sales Charge |
|--------------|-----------|--------|-------------|-----------------|----------------|
|              |           |        |             |                 |                |
|              |           |        |             |                 |                |
|              |           |        |             |                 |                |
|              |           |        |             |                 |                |

## 4. 529 PLAN PURCHASES

Not Applicable

|   |  |
|---|--|
| Is the client's in state plan being used for this sale?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In state plan not offered  |
| In state plans were discussed with the client?  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In state plan not offered  |
| If choosing out of state plan, indicate the in-state tax benefit discussed with the client  | \$ _____   |
| Out of state plan chosen for selected reason  | <input type="checkbox"/> Specific fund managers and/or specific fund selections<br><input type="checkbox"/> Client desired broker-sold plan<br><input type="checkbox"/> Contribution max/min aligns with client's objective.<br><input type="checkbox"/> Lower expenses (attached 529 Plan Expense Analyzer) |
| Will assets deposited in this account be used to fund educational expenses related to elementary education, private high school, home schooling, or other expenses incurred prior to secondary education? | <input type="checkbox"/> Yes <input type="checkbox"/> No   |

**NOTE:** Investments using C-shares when: beneficiaries are younger than 11 years old, or the account is not intended for elementary education expenses, may require the PCS 529 Share Class Disclosure form be submitted with the application.

**5. MUTUAL FUND PURCHASE DETAILS**

|   |  |  |  |
|---|--|--|--|
| <b>NAV Purchase?</b>  | <input type="checkbox"/> No <input type="checkbox"/> Yes                                     | <b>NAV Purchase Reason</b>                                 |  |
|   |  |  |  |
| <b>Purchase Subject to CDSC?</b>  | <input type="checkbox"/> No <input type="checkbox"/> Yes                                     | If yes, CDSC in year one is ____%                          |  |
|   |  | If yes, CDSC will decline to zero at the end of year _____ |  |
| <b>Systematic MF Investments</b><br><input type="checkbox"/> Not Applicable | <b>Amount</b>  | <b>Frequency</b>   | <b>Source of funds</b>   |
|   | \$ _____   |  |  |
| <b>Breakpoints</b>  | <b>Does the total qualify for a breakpoint discount?</b>                                     |  | <b>If yes, What breakpoint discount applies?</b>                               |
|   | <input type="checkbox"/> No <input type="checkbox"/> Yes                                     |  | _____%   |
|   | <b>Next breakpoint available</b>   |  | <b>Reduced sales charge at next breakpoint</b>                                 |
|   | \$ _____   |  | _____%   |
| <b>Letter of Intent</b>   | <b>Is there a letter of intent on file that entitles the client to a further breakpoint?</b> |  | <b>What breakpoint discount is available <u>upon the letter of intent?</u></b> |
|   | <input type="checkbox"/> No <input type="checkbox"/> Yes                                     |  |  |
| <b>Switch</b>   | Date purchased / Date Liquidated   |  | Share Class Liquidated / Sales Charge Paid                                     |
|   | _____ / _____  |  | _____ / \$ _____   |

If this is a mutual fund switch transaction, please provide statement regarding how this transaction is in the client best interest.

Additional Comments / Information (Any additional info regarding this transaction)

## 6. INVESTMENT RESTRICTIONS

- Sales Charges       Internal Fees / Expenses       Advisory Fees       Reallocation limits
- Limited withdrawal       Required holding period       Limited participation

## 7. INVESTMENT SELECTION DETAIL

**Please identify the client purpose / goal / objective of this investment (Select all that apply):**

- Investment Growth       Current Income       Education       Preserve Capital  
 Retirement Planning       Retirement Income       Estate Planning       Cash Management  
 Market Downside Protection       Other \_\_\_\_\_

**How does this investment achieve the goals selected above?**

## 8. CLIENT(S) ACKNOWLEDGMENTS:

*By initialing below I/we hereby acknowledge:*

➤ *The investments listed above have been presented to me/us by my/our representative listed below, including the objectives, risks, costs, features and limitations. This information is also contained in the prospectus for the investment product(s) listed above. I/we have received a copy of the product prospectus for each investment listed above.*

*Client Initial: \_\_\_\_\_*

➤ *I/We have received a copy of the Client Disclosures page attached to this form. The disclosure page provides additional clarification information related to the investments I/We have selected above.*

*Client Initial: \_\_\_\_\_*

*My Representative has explained to me/us, and I/we understand the following risks or fees that may apply to my/our investments:*

*Administrative Fees      Sales and Set-up Charges  
Surrender and Liquidation Charges      Internal Portfolio Management Fees  
Fluctuation of Yields      Fluctuation of Share Values  
Variable Product Sub-Account (Including Index Options if selected)  
Variable Product Death Benefit options and selection*

*Client Initial: \_\_\_\_\_*

## 10. CLIENT SIGNATURES:

|                     |                          |       |
|---------------------|--------------------------|-------|
| Primary Owner Name: | Primary Owner Signature: | Date: |
| Joint Owner Name:   | Joint Owner Signature:   | Date: |

## 11. REGISTERED REPRESENTATIVE SIGNATURE (Broker & Broker-Dealer Use Only)

|                      |                           |       |        |
|----------------------|---------------------------|-------|--------|
| Representative Name: | Representative Signature: | Date: | Rep #: |
|----------------------|---------------------------|-------|--------|

## HOME OFFICE USE:

|                             |                                  |       |
|-----------------------------|----------------------------------|-------|
| OSJ Manager Name:           | OSJ Manager Signature:           | Date: |
| Home Office Principal Name: | Home Office Principal Signature: | Date: |

**\*PLEASE VISIT [PCSBD.NET/DISCLOSURES](http://PCSBD.NET/DISCLOSURES) TO REVIEW ALL DISCLOSURE RELATED TO THIS FORM\***