

VIRIDIAN ACCOUNT CHANGE FORM

(THIS FORM IS INTENDED FOR EXISTING VIRIDIAN ACCOUNT(S) ONLY)

Viridian Client Name(s) _____

Viridian Account Number(s) _____

Date: ____/____/____

VIRIDIAN MANAGEMENT FEE UPDATE

PLEASE INDICATE A FEE INCREASE OR DECREASE BELOW DEPENDING UPON THE TYPE OF VIRIDIAN ACCOUNT HELD. ALL VIRIDIAN FEE INCREASES REQUIRE CLIENT SIGNATURES.

VIRIDIAN FLAT FEE ACCOUNT	VIRIDIAN TIERED FEE ACCOUNT	
From ____%; To ____%	EQUITIES	From ____%; To ____%
	MUTUAL FUNDS	From ____%; To ____%
	CASH AND FIXED INCOME	From ____%; To ____%

BILLING ACCOUNT NUMBER CHANGE: *(No Client Signature Required)*
 From Account # _____ to Account # _____

MONTHLY/ QUARTERLY VIRIDIAN FEE BILLING: *(No Client Signature Required)*
 ▪ Change Fee Billing from: Monthly to Quarterly Quarterly to Monthly

ADD ACCOUNT TO EXISTING VIRIDIAN GROUP: *(Client Signatures Required)*
 ▪ Please indicate all accounts that are to be grouped together.
 _____; _____; _____.
 _____; _____; _____.

REMOVE ACCOUNT FROM EXISTING VIRIDIAN GROUP: *(Client Signatures Required)*
 ▪ Please indicate all accounts that are to be grouped together.
 _____; _____; _____.
 _____; _____; _____.

ADDITIONAL ASSETS CONTRIBUTED OR TRANSFERRED TO VIRIDIAN ACCOUNT: Please review allotted number of trades.

Client Signature

Client Signature

IA Name (Print)

IA Signature

PLEASE SEND VIRIDIAN ADD/CHANGE/DELETE ACCOUNT FORM BY INTEROFFICE TO AMS – VANCOUVER