



MANAGED ACCOUNT INFORMATION

managementservices

(Please note: One completed Managed Account Information form is required per account.)

Advisor: _____ Client Risk Objective: _____

Client Name: _____ Platform: _____

Household: _____ Manager: _____

Account #: _____ Model: _____

Account Type: _____ Client Fee: _____

Custodian: _____ Account Pricing: ABP TBP

Client Email: _____

Estimated Account Value: _____

Funding Source: _____

Are there systematic distributions or cash reserves over 2%? ABP TBP

If yes, please provide amount and frequency:

Are there any holdings that should not be repositioned (even within product or mutual fund families)? ABP TBP

List holdings:

Special instructions:

Advisor Signature: _____ Date: _____

By signing above, I certify that the information on this form is accurate and approve Sowell Management Services to use said information for any and all internal and / or external use. Sowell management Services assumes not responsibility for inaccurate information provided. Advisory services offered through Sowell Management Services, a Registered Investment Advisor.