



FAX this form to: 888-614-3672

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Third Party Asset Management | Retirement Account Solutions
Program Registration/Change Form

Check One: [] Registration [] Change Only Date Completed: _____

Advisor Name: _____ Daytime Phone: _____

Client name: _____ DOB: _____ SSN: _____

Mailing Address: _____

Email Address: _____ Daytime Phone: _____

Household Links: _____

Registration #1

Employer: _____ Plan Name: _____

Custodian: _____ Account Number: _____

Account Registration: [] 403(b) [] 401(a) [] 401(k) [] Individual Retirement Account [] Other: _____

Estimated Account Balance: \$ _____

Investment Strategy: [] Conservative [] Balanced [] Dynamic Growth [] Focused Growth [] Advisor Directed (Attach Instructions)

Advisor Fee Schedule: _____ bps (5 - 150 bps, annually, in 5 bp increments)

Payment Method: [] Direct Account Debit [] ACH [] Alternate Account: _____

Registration #2

Employer: _____ Plan Name: _____

Custodian: _____ Account Number: _____

Account Registration: [] 403(b) [] 401(a) [] 401(k) [] Individual Retirement Account [] Other: _____

Estimated Account Balance: \$ _____

Investment Strategy: [] Conservative [] Balanced [] Dynamic Growth [] Focused Growth [] Advisor Directed (Attach Instructions)

Advisor Fee Schedule: _____ bps (5 - 150 bps, annually, in 5 bp increments)

Payment Method: [] Direct Account Debit [] ACH [] Alternate Account: _____

Advisor Signature _____

Date _____

Print Name _____

RIA Firm Name _____

Phone Number _____