

Strategy Change Form

While most changes are completed within the first few days of receipt, **please allow up to 5 business days for changes to take effect.** Recent trading activity may cause a delay if buys or sells are waiting to settle in the account before the request may be processed. All positions held at E*Trade Advisor Services will be sold on the same time. **We can no longer accept faxed Strategy Change Forms. Please only email the forms as a secure attachment.**

Section 1: Account Information

Account Name _____ Account # _____

Current Strategy _____ Custodian _____

Section 2: Strategy Change Instructions

For the above referenced account number I/We wish to change or rebalance the strategy as follows:
(If account is at E*Trade Advisor Services use % to indicate the finished rebalanced percentage.)

Strategy Selected _____ % _____ Strategy Selected _____ % _____
(If needed) (If needed)

Strategy Selected _____ % _____ Strategy Selected _____ % _____
(If needed) (If needed)

Section 3: Fee & Trade Details

Please note the following fee schedule (fees are per annum). Effective July 1, 2017, if the new strategies selected in aggregate equate to an overall higher or lower fee for the account, they will be applied on the following quarterly bill.

Tactical Strategies: 1.95% Strategic-Active & Foundation Strategies: 1.75% Strategic-Passive Strategies: 1.30%

If the new strategy selected above falls outside of my current risk tolerance and objectives as profiled in the Weatherstone Capital Management New Client Application I have signed, one of two following options is applicable: 1) I have attached a new risk profile or 2) I acknowledge that for this portion of my investments, this strategy change is appropriate and I understand the risks and objectives associated with the new selection(s).

Weatherstone Capital Management will enact one strategy change of the account at no additional cost per calendar year. Subsequent changes will be assessed to the managed account in the amount of \$25 per change.

Section 4: Authorized Signatures

Client(s) Signature _____ Date _____
_____ Date _____

Advisor to complete:

I have reviewed and explained the objectives and associated risk tolerance expected with the strategy selected above.

Advisor Signature _____ Date _____

Received by WCM _____ Date _____

Reference Confirmation # _____

Please note: We will email you back a reference number to confirm that the strategy change has been received.