BISON WEALTH

# Closed Account(s) Form

## CLOSED ACCOUNT:

Client Name(s):

Account(s): Full Household: Yes ☐ No ☐

Reason the Client Left:

Date Advisor was Informed Client is Leaving, or Date of Death:

Account Value at Termination:

If the client passed, are the assets staying at Bison? Yes ☐ No ☐

If yes, will the assets transfer to a current or new client? Current ☐ New Client ☐

Current or New Client Name:

## DESTINATION OF FUNDS

**[ ] INTERNAL ACCOUNT TRANSFER:** ***Client Funding a New Account with an Existing Account***

Client Name(s):

New Account(s):

Old Account(s):

Full Transfer: Yes ☐ No ☐

Is the old account(s) closing? Yes ☐ No ☐

Link Billing? Yes ☐ No ☐ *For same registrations only and/or taxable accounts paying*

Link Performance? Yes ☐ No ☐ *Only when a full transfer, the older account is closing, and the accounts have the same registration*