



## MUTUAL FUND DIRECT PURCHASE TRANSMITTAL

**ATTENTION:**

*This form is used in the preparation of the Chelsea Financial Services (CHFS) Mutual Fund trade blotter and is subject to review audits by FINRA or state agencies. A transmittal must be completed for every transaction (new or existing). You must indicate if the investment is being made in connection with a Letter of Intent or qualifies for Rights of Accumulation. Checks are made payable to the Mutual Fund company. If the investment is to an existing account, note the account number on the check.*

Client's Name \_\_\_\_\_

Client's Name (if joint owner) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Fund Company \_\_\_\_\_ Fund Name (s) \_\_\_\_\_

Total Investment \$ \_\_\_\_\_ (Insert Dollar Amount, TOA, DRO)

LOI Level \_\_\_\_\_ ROA Level \_\_\_\_\_ (Must complete if applicable)

New Mutual Fund Account \_\_\_ Yes \_\_\_ No If existing, account number \_\_\_\_\_

New CHFS Account \_\_\_ Yes \_\_\_ No (If yes, a completed CHFS application must be attached)

Solicited \_\_\_ Un-Solicited \_\_\_ Other \_\_\_\_\_

Remarks / Source of Funds \_\_\_\_\_

Application and/or check were received by the Representative on \_\_\_\_\_ (date)

Completed package, approved by OSJ, was submitted directly to the Mutual Fund company on (date, if applicable). \_\_\_\_\_

I certify that I have provided the client (s) with a prospectus and I have not made any oral or written representation, other than those contained in the prospectus, nor any material misstatement or omission regarding this investment. If this purchase involves funds previously invested in another mutual fund product or other type of product, I have attached a statement from the client acknowledging that another sales charge (if applicable) will be incurred by the exchange or liquidation of another type of product. I have been diligent in determining the client's suitability for this investment or, if I have solicited to handle this transaction, I have attached the client acknowledgment of such.

THE SECOND PAGE OF THIS FORM MUST BE COMPLETED

Principal Review Initials \_\_\_\_\_

## MUTUAL FUND DIRECT PURCHASE TRANSMITTAL (cont.)

**The following paperwork is required to be attached or on file (if existing account):**

- Attached on file Mutual Fund Direct Purchase Transmittal INCLUDING rationale for purchase
- Attached on file Mutual Fund Share Disclosure
- Attached on file Mutual Fund Application
- Attached on file Mutual Fund Client Acknowledgment (client must initial receipt of Customer Relationship Summary AND Representative Profile)

**IF a switch, the following paperwork is required:**

- \_\_\_\_\_ Switch Letter
- \_\_\_\_\_ Copy of Statement

**IF a Rollover from Employer-Sponsored Plan, or a Transfer from another financial institution such as a Broker Dealer, the following forms are required:**

- \_\_\_\_\_ Best Interest Questionnaire
- \_\_\_\_\_ Copy of PRIOR Statement
- \_\_\_\_\_ IRA Rollover or Transfer Analysis Form

**Have you included the following items:**

|                                                                                                                                   |     |    |     |
|-----------------------------------------------------------------------------------------------------------------------------------|-----|----|-----|
| Completed and signed Chelsea Financial Services Application                                                                       | Yes | No | N/A |
| If NO, is the CHFS Application on file and current?                                                                               | Yes | No | N/A |
| Current client(s) Photo Identification                                                                                            | Yes | No | N/A |
| If NO, is the photo Identification on file?                                                                                       | Yes | No | N/A |
| Have you recommended that the client seek professional tax advice on ALL tax matters (if Rep is not their qualified tax counsel)? | Yes | No | N/A |

Representative's rationale for recommendation being in client's best interest:

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\_\_\_\_\_  
**Representative Signature**

\_\_\_\_\_  
**Rep #**

\_\_\_\_\_  
**Date**

**Principal Review Initials** \_\_\_\_\_