

**MICHIGAN ADVISORS, INC.  
MICHIGAN SECURITIES, INC.  
21415 Civic Center Drive, Suite 200  
Southfield, MI 48076**

**ROLLOVER/DISTRIBUTION/RMD  
RECOMMENDATIONS ACKNOWLEDGMENT**

**Retirement Plans**

By signing below, I confirm receipt of the *Rollover and Distribution Options from a Tax-Qualified Retirement Plan* (“*Disclosure Form*”) from **Michigan Advisors, Inc. or Michigan Securities, Inc., and its affiliates** (each and together the “*Firm*”). I have read and understand the information and explanations provided to me in the Disclosure Form and have discussed these disclosures and the Firm’s services, compensation, obligations, and conflicts of interest with the Firm’s representative identified below (“*Representative*”).

I certify that I understand the investment recommendations provided by the Firm and its Representative and have elected to (*initial only one choice*):

\_\_\_\_\_ **Retain My Existing Plan Participant Account.** Follow Representative’s recommendations to (i) keep my retirement account assets in my former employer’s tax-qualified retirement plan; and (ii) not roll my assets over into my new employer’s tax-qualified retirement plan (if applicable) or an individual retirement account (“IRA”) advised by the Firm.

\_\_\_\_\_ **Rollover to a New Employer’s Plan Account.** Follow Representative’s recommendations to (i) roll over my retirement account assets out of my former employer’s tax-qualified retirement plan into my new employer’s tax-qualified retirement plan; and (ii) not roll it over into an IRA advised by the Firm.

\_\_\_\_\_ **Rollover to a Firm-advised IRA.** Follow Representative’s recommendations to (i) roll over my retirement account assets from my former employer’s tax-qualified retirement plan; and (ii) into a new IRA advised by the Firm.

\_\_\_\_\_ **Reject Recommendation and Rollover to IRA.** Reject Representative’s recommendations to either (i) keep my retirement account assets in my former employer’s tax-qualified retirement plan; or (ii) rollover my assets into my new employer’s tax-qualified retirement plan (if applicable); and instead (iii) roll over my assets into an IRA advised by the Firm.

\_\_\_\_\_ **Other.** Do the following:

**Individual Retirement Accounts (IRAs)**

I have received and understand the information and explanations about IRA rollovers provided to me by **Michigan Advisors, Inc. or Michigan Securities, Inc., and its affiliates** (each and together the “*Firm*”). I have had an opportunity to ask questions and discuss this information and the Firm’s services, compensation, obligations, and conflicts of interest with the Firm’s representative identified below (“*Representative*”).

I understand the investment recommendations provided by the Firm and its Representative and have elected to (*initial only one choice*):

\_\_\_\_\_ **Retain Existing IRA.** Follow Representative’s recommendations to (i) keep my existing IRA; and (ii) not rollover my IRA assets into a new IRA.

\_\_\_\_\_ **Rollover Existing IRA.** Follow Representative’s recommendations to (i) rollover my existing IRA assets; and (ii) into a new IRA advised by the Firm.

\_\_\_\_\_ **Reject Recommendation and Rollover.** Reject Representative’s recommendations (i) to keep my existing IRA; and instead (ii) rollover my IRA assets into a new IRA advised by the Firm.

\_\_\_\_\_ **Other.** Do the following:

**Required Minimum Distributions (RMDs) from Retirement Plans and/or IRAs**

I understand the information and explanations about RMDs provided to me by **Michigan Advisors, Inc. or Michigan Securities, Inc., and its affiliates** (each and together the “*Firm*”). I have had an opportunity to ask questions and discuss this information and the Firm’s services, compensation, obligations, and conflicts of interest with the Firm’s representative identified below (“*Representative*”).

I understand the investment recommendations provided by the Firm and its Representative and have elected to (*initial the following choice(s) as applicable and include % allocations*):

\_\_\_\_\_ **New Investment Account.** Follow Representative’s recommendation to invest \_\_\_\_\_ % of my RMD in a non-retirement account advised by the Firm.

\_\_\_\_\_ **New Annuity/Insurance Product.** Follow Representative’s recommendation to invest \_\_\_\_\_ % of my RMD in an annuity or insurance product.

\_\_\_\_\_ **Personal Purpose.** Use \_\_\_\_\_ % of my RMD for my own purposes outside the scope of the Firm's or Representative's services.

\_\_\_\_\_ **Reject Recommendation.** Reject Representative's recommendation regarding my RMD and instead:

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\_\_\_\_\_ **Other.** Do the following:

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**Acknowledgement and Certification**

By signing below, I hereby certify that each of my decisions evidenced above has been fully informed and each has been made by me personally.

	<b>X</b>
Date	Client's Signature
	Client's printed name
Date	Representative's signature
Date	Supervisor's signature (if applicable)

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