



### Strategy Change Request Form

Client Name: \_\_\_\_\_

Representative: \_\_\_\_\_

Custodian: \_\_\_\_\_

Date: \_\_\_\_\_

Account Number: \_\_\_\_\_

Please adjust the strategy combination for the above mentioned client(s) to match the new allocation outlined below. The suitability questionnaire that you have on file remains current and if any changes occur I will provide Q3 with an updated questionnaire. If the Solicitor is signing off on the change, Solicitor acknowledges that the client is aware and comfortable with it.

I understand that strategy changes may not be processed immediately based on a variety of factors including suitability reviews, minimum holding periods for certain funds and specific trade dates for certain strategies. Standard time for completion is 3-5 business days. Once completed I agree to review the account and make Q3 aware of any discrepancies.

Client or Solicitor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

| New Allocation |              |  | INTERNAL USE ONLY |          |
|----------------|--------------|--|-------------------|----------|
| Strategy Name  | Allocation % |  | Current Strategy  | Actual % |
| _____          | _____        |  | _____             | _____    |
| _____          | _____        |  | _____             | _____    |
| _____          | _____        |  | _____             | _____    |
| _____          | _____        |  | _____             | _____    |
| _____          | _____        |  | _____             | _____    |
| _____          | _____        |  | _____             | _____    |
| _____          | _____        |  | _____             | _____    |

#### INTERNAL USE ONLY

| %        | FROM  | TO    | %         | FROM  | TO    |
|----------|-------|-------|-----------|-------|-------|
| 1) _____ | _____ | _____ | 7) _____  | _____ | _____ |
| 2) _____ | _____ | _____ | 8) _____  | _____ | _____ |
| 3) _____ | _____ | _____ | 9) _____  | _____ | _____ |
| 4) _____ | _____ | _____ | 10) _____ | _____ | _____ |
| 5) _____ | _____ | _____ | 11) _____ | _____ | _____ |
| 6) _____ | _____ | _____ | 12) _____ | _____ | _____ |

**\*\*Any account with an allocation in excess of 50% to strategies that utilize leveraged or inverse funds require the account owner to sign our Aggressive Growth Acknowledgment Form\*\***

Strategy change request forms can be faxed, emailed or mailed for processing:

Fax: 888-439-2572 | Email: [operations@q3tactical.com](mailto:operations@q3tactical.com)

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