

Plan Participant Change Request Form

Complete and return to: Brinker Capital Investments, LLC 17605 Wright Street Omaha, NE 68130 Telephone: 888-455-4244 Fax: 402-493-2811

Email: CLSSG1@orion.com

This Change Request Form contains the most commonly requested account changes. Please complete the appropriate sections, provide the requested information, and sign and date this form. Please return this form to Brinker at the address linked above.

	ation.			
Name:				
Social Security or Tax ID #:	Date of Birth:	irst, M.I., Last	Home Phone	Number:
Social Security of Tax 15 ".	Bate of Birth.		Thomas Thomas	Trainbor.
Physical Address (Required):	<u> </u>		Business Pho	one Number:
				T=
City:			State:	Zip Code:
E-mail Address:	Plan Name:			
Address Change.*				
New Address:			Phone:	
Cit		State:	Zini	
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Previous Address:			Phone:	
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November 2020

^{*}You must also contact your Plan Sponsor and/or Custodian to update your address in their records

	ge of Ris	k Bude	get.									
	read the que								u. Bri	nker will	calculate y	our
1. How	/ long do you	u expect	to contri	bute to th	nis retirem	ent plan \	WITHOU ⁻	T with	drawi	ng any i	money?	
	3 - 5 years (8) 🗖	6 - 10 y	ears (14)	□ 1	11 - 15 yea	ırs (16)		Grea	ter than	15 years (1	8)
	o in mind that ver short-tern					a more co	onservative	e portfo	olio be	ecause th	nere is less	time to
2. Whice	ch of the foll	owing si	tatement	s best de	scribes yo	our beliefs	about in	vestin	g?			
17	am more con	cerned a	bout avoid	ding loss t	han I am a	bout earni	ng large re	eturns.	(7)			
1	don't want to	take a lo	t of risk w	ith my acc	count. (10)							
	/ly main goal i o achieve a m			-		Therefore,	I am willir	ng to a	ccept	short-ter	rm losses in	order
	am willing to igher return.	-	rge fluctu	ations in t	he value of	my accou	nt for the	opport	unity o	of earnin	g a significa	ntly
3. Plea	ase indicate	the leve	l of risk y	ou are m	ost comfo	rtable wit	h: (Circle	one r	espor	nse)		
С	Not Comfortable				Moderately Comfortabl					Ve. Comfo	•	
0) 6	8	11	14	16	19	22	25		28	30	
	If you sele	ct a "0", l	Brinker's i	nvestmen	t methodol	ogy may n	ot be appr	ropriate	e for y	our portt	folio.	
4. How	/ long are yo	ou prepa	red to wa	ait for you	r account	to return	to its orig	jinal v	alue a	after a d	lown marke	et?
L	ess than 18 r	nonths (7	⁷)		I	Between to	wo and thr	ee yea	ars (14	1)		
В	Between 18 m	onths an	d two yea	rs (10)	I	More than	three yea	rs (17)				
5. How	/ able are yo	ou to har	ndle finan	icial eme	rgencies v	vith asset	s outside	of you	ur reti	rement	plan?	
N	lot Able (10)			Able (16))							
S	Somewhat Abl	e (10)		Very Able	e (17)							
Impo	se a Risk	Buda	et (On	tional)								
	like to impose a				nercentage (of the risk o	f a well-div	arcified	equity	nortfolio)	\ of	
	•		• .	·						. ,		
	jher your Risk s methodology											
manage	ed at a Risk Bud	dget 20.										
Lifest	tyle Optic	ns.										
Pl	tyle Option lease enroll mane point each	ne in the								Risk Bud	dget will dec	rease b

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	Please enroll me in the AdvisorOne 30% Protection Option (only available on plans using Brinker's AdvisorOne models). The AdvisorOne 30% Protection Option will decrease your Risk Budget each year based on your curren Risk Budget AND allocate approximately 30% of your portfolio to a fund designed to offer some protection in the event of a severe market downturn.
Spo	ecial Instructions.
Plea	ase use this section to specify requested changes not set forth above.
Sig	mature
	nature.
The	purpose of this section is for you to affirm to us that you have read, understand, and agree to all the terms found in this Chauest Form.
The Req	purpose of this section is for you to affirm to us that you have read, understand, and agree to all the terms found in this Cha
The Req I ack I he pow	purpose of this section is for you to affirm to us that you have read, understand, and agree to all the terms found in this Chapters Form. knowledge that I have received Brinker's Form CRS. breby authorize Brinker Capital Investments, LLC to make the changes indicated above. I further certify that I have full
The Req I ack I he pow and If the	purpose of this section is for you to affirm to us that you have read, understand, and agree to all the terms found in this Chaquest Form. knowledge that I have received Brinker's Form CRS. breby authorize Brinker Capital Investments, LLC to make the changes indicated above. I further certify that I have full I have and authority to authorize the changes requested above and the information provided and contained herein is comp

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