

Complete to obtain an employer front-end load waiver (available for employers with 25 or more employees).

If you have questions, please call us at **866.529.2228**, Monday–Friday, 7 a.m. to 7 p.m. (Central).

## 1. Employer Information

Employer Name: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_

Contact Person Phone Number: \_\_\_\_\_

Contact Person Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Total # of Employees: \_\_\_\_\_

## 2. Investment Professional Information

Firm Name: \_\_\_\_\_

Investment Professional's Name: \_\_\_\_\_ Rep Number: \_\_\_\_\_

Investment Professional's Phone Number: \_\_\_\_\_

Investment Professional's Email Address: \_\_\_\_\_

Broker Dealer Name: \_\_\_\_\_

## 3. Authorization

By signing below, I certify the above referenced employer has 25 or more employees, qualifying for an employer front-end load waiver.

### Signature and Date Required

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Print or Typed Name of Company

\_\_\_\_\_  
Print or Typed Name of Financial Advisor

**X** \_\_\_\_\_  
Signature of Company Representative

**X** \_\_\_\_\_  
Signature of Financial Advisor

\_\_\_\_\_  
Title