

**Investment Advisor ("IA") Information (This portion to be completed by IA.)**

IA Firm Name (please print): GAME PLAN FINANCIAL ADVISORS L

IA Master Account Number: 0809-8798 Service Team: Great Lakes

Advisor Contact Information (if follow-up is required): \_\_\_\_\_

**1. Schwab Account Information**

Account Number(s):	Account Registration:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**2. Authorization**

I/we hereby authorize Charles Schwab & Co., Inc. to close the above-listed account(s). I/we understand that by closing my/our account(s), I/we will no longer have features available for the account(s), and all powers granted to others, including the Investment Advisor, will be removed.

If I/we wish to reopen an account, a completed new account application will be required.

If my/our account(s) listed above contains residual cash balances, I/we authorize Schwab to send a check to my/our address of record.

Note: If you want to authorize your IA to have access to your account information for a limited period of time after your accounts are closed, please complete the Investment Advisor Information Access form. (One form for each closed account is required.)

**3. Signature(s)**

Please note: Account Holder(s) must sign.

▶ _____	_____	Date _____ (mm/dd/yyyy)
Signature: Account Holder/Trustee/Custodian	Print Name	
▶ _____	_____	Date _____ (mm/dd/yyyy)
Signature: Additional Account Holder/Trustee/Custodian	Print Name	
▶ _____	_____	Date _____ (mm/dd/yyyy)
Signature: Additional Account Holder/Trustee/Custodian	Print Name	

