

# ONE-TIME ADVISORY FEE LIQUIDATION FORM

Date \_\_\_\_\_

**To:**

**From:**

NAME \_\_\_\_\_  
(Investment Company Name)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SS# \_\_\_\_\_ DOB \_\_\_\_\_

ACCOUNT# \_\_\_\_\_

Please take this as your authorization to liquidate the amount of \$\_\_\_\_\_ from the above referenced account to pay Investment Advisory Management Fees. No Income Tax withholding is authorized or necessary.

**Proceeds from the above-requested liquidation should be made payable and sent to:**

c/o **Hamilton-Bates Investment Research, Inc.**  
**P.O. Box 270**  
**Newtown Square, PA 19073**  
**610-355-1970**

X \_\_\_\_\_  
*Investor Signature*

\_\_\_\_\_  
*Investor Name (Please Print)* *Date*

X \_\_\_\_\_  
*Joint Signature*

\_\_\_\_\_  
*Joint Name (Please Print)* *Date*