SACH FINANCIAL SOLUTIONS

ACCOUNT MANAGEMENT SERVICES CLOSURE REQUEST

STRICTLY PRIVATE & CONFIDENTIAL

Request Date: ____ / ____ / _____

CLIENT DETAILS

Client Name _____

Trading Account Number _____

Broker Name _____

Relationship Manager / ACM _____

Email Address _____

Contact Number _____

CLOSURE REQUEST

I hereby request **SACH Financial Solutions** to discontinue the portfolio management services provided for my above-mentioned trading account.

Effective Date: ____ / ____ / _____

Reason for Closure *(Optional)*

☐ Personal Decision

☐ Self-Managing Portfolio

☐ Change of Investment Strategy

☐ Financial Requirements

☐ Other: _____

CLIENT DECLARATION

I acknowledge and understand that:

☐ This request applies **only** to the portfolio management services provided by **SACH Financial Solutions**.

☐ My trading account with my broker will remain active unless I submit a separate closure request directly to the broker.

☐ Any open positions should be managed according to my written instructions prior to the termination of services.

☐ I remain responsible for all future activity conducted in my brokerage account after the effective termination date.

CLIENT AUTHORIZATION

Client Name: _____

Signature: _____

Date: ____ / ____ / _____

FOR INTERNAL USE ONLY

Item	Details
Request Received By	_____
Relationship Manager	_____
Effective Closure Date	_____
Final Portfolio Report Issued	☐ Yes ☐ No
CRM / Client Records Updated	☐ Yes ☐ No
Remarks	_____

IMPORTANT NOTICE

This form **does not close your brokerage trading account** and **does not authorize the withdrawal or transfer of funds**. It serves only as notice to terminate the portfolio management relationship between the Client and **SACH Financial Solutions**. All account

administration, withdrawals, deposits, and account closure requests must be submitted directly to your brokerage firm.