

Alpha Investment Management

INVESTMENT STRATEGY CHANGE REQUEST FORM

Client Name(s): _____

Account Number: _____

To Alpha Investment Management:

Please use this form as authorization to change the investment strategy for the account listed above to the following:

- Alpha Bonds Strategy**
- Alpha Mid-Cap Power Index Managed Account**
- Alpha Seasonal Strategy**
- The Formula™**
- Alpha Multi-Income Strategy** (Trust Company of America accounts only)

For more information on each strategy, please consult with your financial advisor or contact Alpha Investment Management at 1-877-229-9400.

Please make this change effective _____. (If no date is entered, change will be made immediately.) (Effective Date)

Client's Signature: _____ Date: _____

Joint Client's Signature: _____ Date: _____

PLEASE FAX THIS FORM TO 513-632-7981

OR

**MAIL TO: ALPHA INVESTMENT MANAGEMENT
2245 GILBERT AVENUE, SUITE 100
CINCINNATI, OH 45206**

Questions? Call 877-229-9400