



Request for Flex Trail Form

Dealer # _____

Rep # _____

Advisor Name _____

Advisor Signature _____

Client Name _____

Client Account #(s)	Fund(s)	bps or %	Start Date (mm/dd/yyyy)

Signature from an **authorized dealer representative**

Name _____

Position _____

Signature (*mandatory*) _____

When complete send to: regionalcoordinators@bridgehousecanada.com

If you have any questions, do not hesitate to call the Regional Coordinator Team at 1-866-791-8367