



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](mailto:regionalcoordinators@bridgehousecanada.com)

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