

A light blue silhouette of an American Airlines airplane, viewed from a top-down perspective, flying towards the right. The text is overlaid on the airplane.

# AMERICAN AIRLINES

## GUIDED PORTFOLIO SERVICES

### "GPS"

Cleary Gull can help you set up an Individual Retirement Account (IRA) and transfer your B Plan assets into our GPS program. We've helped hundreds of pilots in retirement, let us help you start your pre-retirement planning today.

#### GPS Services

- Professional Portfolio Management
- Asset Allocation
- Risk Tolerance Profiling
- Wealthcare® Financial Planning
- Pre-Retirement Planning
- Quarterly Market Commentary
- Online Account Access

CLEARY GULL

## 3 Simple Steps for Your AMR B-Plan Rollover

1. Complete the two page application
    - a. Electronic:
      - i. Adobe Acrobat Reader is required for electronic
        1. Download free at <http://get.adobe.com/reader/>
      - ii. Use selection or hand tool to click inside each field. Enter your text and hit Tab to accept and move to the next field.
      - iii. Once you have filled the appropriate fields, Click File > Save As > PDF. Email it back to us at [pilotinfo@clearygull.com](mailto:pilotinfo@clearygull.com)
    - b. Manual:
      - i. Return to us via  
Fax: 877-359-2485  
Mail: 100 E Wisconsin Ave, Suite 2400  
Milwaukee, WI 53202
- Cleary Gull will then complete full account opening, transfer paperwork and provide you with all necessary documents to complete the transfer.
2. Review paperwork, sign and mail originals in return envelope.
  3. Discuss asset management allocations with one of our advisors.

We'll do the rest to help ensure a smooth transition to your new Individual Retirement Account!



# Cleary Gull B-Plan Rollover Application

## 1 - Primary Account Holder Information

First, Middle Initial, Last			
Address Line 1			
Address Line 2			
City, State, Zip			
Birth Date		SS#	
Phone 1		Mobile/Home	
Phone 2		Mobile/Home	
E-Mail		Airline ID	
Retired	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced		
Citizenship	<input type="checkbox"/> US <input type="checkbox"/> Other:		
Number of Dependents <i>(include self)</i>			

## 2 – Investor Profile

Annual Income	\$
Net Worth (excluding home)	\$
Liquid Net Worth	\$
B Plan Account Balance (estimate)	\$
Number of Years as an Investor	___ years
Investment Objective (choose one)	<input type="checkbox"/> <b>Preservation of Principal/Income</b> – preserve principal and generate income. <input type="checkbox"/> <b>Balanced Growth</b> – generate current income and/or long-term capital growth. <input type="checkbox"/> <b>Growth</b> – generate long-term capital growth. <input type="checkbox"/> <b>Aggressive Growth/Income</b> – generate growth/income greater than market. <input type="checkbox"/> <b>Speculation</b> – generate maximum possible returns.
Investment Experience (select all that apply)	<input type="checkbox"/> None <input type="checkbox"/> Stocks <input type="checkbox"/> Bonds <input type="checkbox"/> Mutual Funds <input type="checkbox"/> Annuities <input type="checkbox"/> Options <input type="checkbox"/> Margin <input type="checkbox"/> Futures <input type="checkbox"/> Short-Term Trading <input type="checkbox"/> Exchange Traded Funds <input type="checkbox"/> Inverse/Leveraged Products <input type="checkbox"/> Alternative Investments
<b>Risk Tolerance</b> - Please indicate your risk tolerance specific to the investments in this account.	
<input type="checkbox"/> I am willing to accept <b>minimal risk</b> , even if that means my investment does not generate significant income or returns and may not keep pace with inflation. <input type="checkbox"/> I am willing to accept <b>low risk</b> , including low volatility, and understand I could lose a modest amount of my investment. <input type="checkbox"/> I am willing to accept <b>moderate risk</b> , including some volatility, to seek higher returns and understand I could lose a portion of my investment. <input type="checkbox"/> I am willing to accept <b>high risk</b> , including high volatility, and understand I could lose a substantial amount of my investment. <input type="checkbox"/> I am willing to accept <b>maximum risk</b> and understand I could lose all of my investment.	

**Investment Decision Making** – How involved are you in making your investment decisions?

- I make my own investment decisions and/or consult with someone other than my Financial Advisor (FA).  
 I discuss investment decisions with my FA, but I also consult other sources and/or discuss with other parties.  
 I rely on the guidance of my FA most of the time.  
 I follow the recommendations of my FA all of the time.  
 This is my first investment account other than my employer sponsored retirement program.

Is the Primary Account Holder or spouse affiliated or employed by another security firm, bank or insurance company?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, name of firm		Position	
Is the Primary Account Holder, spouse or immediate family member a director, a 10% or greater shareholder or policy-making executive officer of a publicly traded company?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, name of firm		Position	

**3 - Beneficiary Information**

<b>Relationship</b>	<input type="checkbox"/> Spouse <input type="checkbox"/> Non-Spouse	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
<b>Full Name</b>		
<b>Address</b>		
<b>City, St, Zip</b>		
<b>SS#</b>		
<b>Date of Birth</b>	<b>Percent</b>	<b>%</b>

<b>Relationship</b>	<input type="checkbox"/> Spouse <input type="checkbox"/> Non-Spouse	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
<b>Full Name</b>		
<b>Address</b>		
<b>City, St, Zip</b>		
<b>SS#</b>		
<b>Date of Birth</b>	<b>Percent</b>	<b>%</b>

<b>Relationship</b>	<input type="checkbox"/> Spouse <input type="checkbox"/> Non-Spouse	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
<b>Full Name</b>		
<b>Address</b>		
<b>City, St, Zip</b>		
<b>SS#</b>		
<b>Date of Birth</b>	<b>Percent</b>	<b>%</b>

<b>Relationship</b>	<input type="checkbox"/> Spouse <input type="checkbox"/> Non-Spouse	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
<b>Full Name</b>		
<b>Address</b>		
<b>City, St, Zip</b>		
<b>SS#</b>		
<b>Date of Birth</b>	<b>Percent</b>	<b>%</b>

**4 - Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name