



AMERICAN
Investors Company

(925) 866-2882 • Fax (925) 866-8989
12667 Alcosta Blvd., Suite 160
P.O. Box 1307
San Ramon, CA 94583
www.americaninvestorsco.com

ADVISORY FEE WAIVER REQUEST FORM

ACCOUNT NAME: _____

ACCOUNT NUMBER(S): _____

CUSTODIAN: ☐ Schwab ☐ NFS ☐ Other _____

REQUEST TYPE:

☐ **One-Time Request:** ☐ Q1 ☐ Q2 ☐ Q3 ☐ Q4 Year: 20_____

☐ **Specified Time Period:** From _____ To _____

☐ **Ongoing / Permanent:** Start Date _____

ASSETS TO BE EXCLUDED FROM BILLING:

☐ **Entire Account Balance**

☐ **Other** (*specify assets*) _____

REASON FOR WAIVER REQUEST:

Rep Name:	Rep #	Rep Signature:	Date
Principal Approval:	Date	For Internal Use Only	