



# New Product Request Form

This form is to be completed by the financial professional and submitted to CoastalOne via email – [dd@coastal-one.com](mailto:dd@coastal-one.com). The purpose of the New Product Request Form is to provide CoastalOne with insight as to your interest in this product. **All fields are required unless they do not apply to the product type.**

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsor Name: \_\_\_\_\_

Product Name: \_\_\_\_\_

Sponsor Contact: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Product Type: \_\_\_\_\_ (if 1031 exchange, see page 2)

Effective Date: \_\_\_\_\_ Symbol: \_\_\_\_\_

Closing Date: \_\_\_\_\_ CUSIP: \_\_\_\_\_

Have you previously used products from this sponsor? Yes  No

How many clients do you have who may be interested in investing in this product? \_\_\_\_\_

What amount do you intend to invest in this product? \$ \_\_\_\_\_

Product's Primary Investment Objective: \_\_\_\_\_

Investment Focus/Strategy: \_\_\_\_\_

Share Classes Requested (list share class designations in blanks):

Brokerage  \_\_\_\_\_ Advisory  \_\_\_\_\_ Institutional  \_\_\_\_\_

Please share your rationale for wanting to add this product to the list of investments you present to clients:

**1031 Exchange**

What date does the replacement property identification window expire? \_\_\_\_\_

What is the amount of the exchange? \$\_\_\_\_\_

Do you require leverage for the exchange: Yes  No

If yes, what is the loan-to-value you are seeking? \_\_\_\_\_ %

Will you be identifying additional properties for this exchange? Yes  No

If yes, please list them below:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Decision – Section to be Completed by Coastal-One Home Office**

Approved  Declined

Date: \_\_\_\_\_

Rationale for decision: