

BROKERAGE ACCOUNT TRANSFER FORM

RECEIVING FIRM CLEARING NUMBER: **0443** DELIVERING FIRM CLEARING NUMBER: _____

I. RECEIVING FIRM INFORMATION (Only one per form)

ACCOUNT NUMBER: —

SOCIAL SECURITY NUMBER: — —

SECONDARY SOCIAL SECURITY NUMBER: — —

or TAXPAYER IDENTIFICATION NUMBER: —

or TAXPAYER IDENTIFICATION NUMBER: —

II. ACCOUNT INFORMATION

TRANSFER: (Check one) FULL PARTIAL

TRANSFER TYPE: ACAT NON-ACAT INTERNAL TRANSFER DIRECT MUTUAL FUND TRANSFER DRS/DRIP

NOTE: Check Non-ACAT for partial transfers.

ACCOUNT TYPE: (Enter the two character code)

SN—(Single) **ES**—(Estate) **CO**—(Corporate) **DR**—(Direct Rollover) **SI**—(Simple IRA) **BC**—(Bank Custody) **JT**—(Joint) **CU**—(Custodian) **IR**—(Traditional IRA)
RI—(Roth IRA) **AG**—(Agency) **4K**—(401k) **CT**—(Cotrustee) **QP**—(Qualified Plan) **TR**—(Trust) **EI**—(Education Savings Account) **OT**—(Other)

III. DELIVERING FIRM INFORMATION

	MANDATORY FOR NON-ACATS ONLY
ACCOUNT NUMBER:	CONTACT NAME:
FIRM NAME:	FIRM ADDRESS: (NO P.O. BOX)
ACCOUNT TITLE: (As it appears on your statement)	CITY: STATE: ZIP:
	TELEPHONE NUMBER:

NOTE: INCLUDE A COMPLETE COPY OF YOUR MOST RECENT BROKERAGE ACCOUNT STATEMENT.

IV. RETAIL TRANSFER DISPOSITION INSTRUCTIONS

- TRANSFER ALL ASSETS IN KIND. Money market funds MUST be liquidated and transferred as cash, other assets must be transferred in kind.
- ISSUE A CERTIFICATE FOR WHOLE SHARES AND REDEEM FRACTIONAL SHARES (DRS/DRIP only).

V. NON-ACATS OR DIRECT MUTUAL FUND TRANSFERS

- PARTIAL TRANSFER: Transfer only the assets and quantities indicated below.
- DIRECT MUTUAL FUND TRANSFER: Transfer mutual funds from the account held directly at the fund company.

- NOTES:**
- Complete a separate form for each mutual fund company.
 - If there are more than four assets, attach a signed list to this form.
 - All mutual fund transfers must be added to the Mutual Fund Transfer System.

QUANTITY	ASSET DESCRIPTION	CUSIP®/SYMBOL	FUND ACCOUNT NUMBER	TRANSFER INSTRUCTIONS ¹	DIVIDEND OPTION ²	CAPITAL GAIN OPTION ²
				<input type="checkbox"/> Transfer In Kind <input type="checkbox"/> Liquidate	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest
				<input type="checkbox"/> Transfer In Kind <input type="checkbox"/> Liquidate	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest
				<input type="checkbox"/> Transfer In Kind <input type="checkbox"/> Liquidate	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest
				<input type="checkbox"/> Transfer In Kind <input type="checkbox"/> Liquidate	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest

¹Liquidations are for qualified plans only. Retail accounts must be transferred in kind.
²If this is a mutual fund transfer and there is no dividend or capital gain option checked in the section above, Pershing will process this request as cash (eligible).



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VI. RETIREMENT PLAN AND SAVINGS ACCOUNT DISPOSITION INSTRUCTIONS

If you are the age of 70½ or older, you may not rollover your required minimum distribution from a qualified plan or individual retirement account (IRA).

CHECK ONLY ONE OF THE FOLLOWING:

- LIQUIDATE ALL ASSETS AND TRANSFER AS CASH. (**NOTE:** Not valid for NSCC/ACAT-eligible firms.)
- TRANSFER ALL ASSETS IN KIND. (**NOTE:** Money markets **MUST** be liquidated and transferred as cash, other assets must be transferred in kind.)
- LIQUIDATE CERTIFICATES OF DEPOSIT IMMEDIATELY. (**NOTE:** I am aware of the penalty I may incur from my early withdrawal. All ACAT items must be liquidated prior to transfer.)
- AT MATURITY, FORWARD PROCEEDS OF MY CERTIFICATES OF DEPOSIT FROM MY RETIREMENT PLAN. Maturity Date: _____

Rollover Certification of Employee: I understand the rules and conditions and I have met the requirements for making a rollover. Due to important tax consequences of rolling over funds or property, I have been advised to see a tax professional. All information provided to me is true and correct and may be relied on by Pershing LLC. I assume full responsibility for this rollover transaction and will not hold Pershing LLC liable for any adverse consequences that may result. I hereby irrevocably designate this contribution in funds or other property as a rollover contribution.

NOTE: To transfer as cash, please liquidate prior to submitting the brokerage account transfer form.

VII. PARTICIPANT SIGNATURE AND CERTIFICATION

To the Delivering Firm Named Above: If this account is a qualified retirement account, I have amended the applicable plan so that it names as successor custodian the trustee listed below. Unless otherwise indicated in the instruction above, please transfer all assets in my account to Pershing without penalties, such assets may be transferred within the time frames required by NYSE Rule 412 or similar rule of the National Association of Securities Dealers (NASD) or other designated examining authority. Unless otherwise indicated in the instructions above, I authorize you to liquidate any nontransferable proprietary money market fund assets that are part of my account and transfer the resulting credit balance to the successor custodian. I authorize you to deduct any outstanding fees due to you from the credit balance in my account. If my account does not contain a credit balance, or if the credit balance in the account is insufficient to satisfy any outstanding fees due to you, I authorize you to liquidate the assets in my account to the extent necessary to satisfy that obligation. If certificates or other instruments in my account are in your physical possession, I instruct you to transfer them in good deliverable form, including affixing any necessary tax waivers, to enable the successor custodian to transfer them in its name for the purpose of the sale, when, and as directed to me. I understand that upon receiving a copy of this transfer information, you will cancel all open orders for my account on your books. I affirm that I have destroyed or returned to you credit/debit cards and/or unused checks issued to me in connection with my brokerage account. I understand that you will contact me with respect to the disposition of any assets in my brokerage account that are nontransferable.

SIGNATURE GUARANTEED BY:

ACCOUNT OWNER'S SIGNATURE: _____ DATE: (Must be completed)

JOINT ACCOUNT OWNER'S SIGNATURE: _____ DATE: (Must be completed)

TO THE PRIOR TRUSTEE:

Pershing LLC accepts appointment as successor custodian. We have established an account as described in Internal Revenue Code Sections 402 (c)(8)(B).

Please be advised that _____ (Insert firm name) does hereby accept appointment as successor custodian.

FOR OFFICE USE ONLY			
SUCCESSOR CUSTODIAN SIGNATURE:	DATE:	NAME OF INVESTMENT PROFESSIONAL:	
BRANCH:		TELEPHONE NUMBER:	