

TRANSFER FORM

Please complete the necessary fields below and return this form via e-mail to info@rft.com or fax to +961 1 997 111. Your request will generally be processed within 2 business days of receipt. To avoid delays please review your information carefully before submittal. RFXT assumes no liability for errors or inaccuracies made by the account holder. Requests to transfer funds to a third party will not be processed.

Primary Account Holder:

First Name: _____ Middle Name: _____ Last Name: _____

Joint Account Holder (If Any):

First Name: _____ Middle Name: _____ Last Name: _____

Transfer Funds Between Your Existing RFXT Accounts:

I understand and accept that by signing below, I have requested for funds to be transferred out of my RFXT account and into another RFXT account in accordance with RFXT's compliance and administrative procedures. Available margin must exist in order for funds to be transferred, as removal of funds may result in a margin call. I shall hold RFXT harmless of any and all claims regarding such funds transfer upon proper credit to the below named RFXT account.

FROM Existing Account #:	Transfer Amount:
TO Existing Account #:	

Please check here if the first account will be closed. If you wish to refund a closed account you will be issued a New account number.

Transfer Funds To Create A New Account

FROM Existing Account #:	Transfer Amount:
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(A Temporary Password Will Be Assigned To Your New Account)

Primary Account Holder Signature:	Joint Account Holder Signature:
Print Name:	Print Name:
Today's Date:	Today's Date: