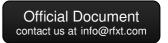


Primary Account Holder:

First Name:



Last Name:

TRANSFER FORM

Please complete the necessary fields below and return this form via e-mail to info@rfxt.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.

Middle Name:

Joint Account Holder (If Any):		
First Name:	Middle Name:	Last Name:	
Transfer Funds Between Your	Existing RFXT Accounts:		
into another RFXT account in must exist in order for funds	n accordance with RFXT's compliand to be transferred, as removal of fund	for funds to be transferred out of my RFXT account and ce and administrative procedures. Available margin is may result in a margin call. I shall hold RFXT in proper credit to the below named RFXT account.	
FROM Existing Account #: TO Existing Account #:		Transfer Amount:	
Please check here if New account numbe		u wish to refund a closed account you will be issued a	
Transfer Funds To Create A N	ew Account		
FROM Existing Account #:		Transfer Amount:	
(A ⁷	Гетрогагу Password Will Be Assi	gned To Your New Account)	
Primary Account Holder S	Signature: Joi	int Account Holder Signature:	
Print Name:	Pri	Print Name:	
Today's Date:	_	Today's Date:	

W: www.rfxt.com

E: info@rfxt.com