

CUSTOMER ACCOUNT TRANSFER

ACAT (Sections 1 & 2) Send to WS1000
 Mutual Funds (Section 3) Send to WS1150

(Please Use a Separate Form for Each Transfer)

Account You are Transferring TO					
Social Security Number or Tax ID Number	FCC Clearing Number 0141	Brokerage Account Number	Sub Firm #	BR Code	FA Code
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Full Name or Account Title <input style="width: 99%;" type="text"/>					

Account You are Transferring FROM		Delivery Organizations: See Delivery Instructions on Reverse.
Account Name <input style="width: 98%;" type="text"/>	Account Number <input style="width: 98%;" type="text"/>	
Name of Firm or Fund Company Currently Holding Your Account <input style="width: 98%;" type="text"/>	Clearing Number <input style="width: 98%;" type="text"/>	
Address of Firm <input style="width: 99%;" type="text"/>		
Check here if this Account is a: <input type="checkbox"/> Qualified Retirement Plan <input type="checkbox"/> IRA		

Type of Transfer

1 Full Brokerage Account Transfer. (Check one at right)	<input type="checkbox"/> Transfer all assets or shares in my account as is <input type="checkbox"/> Liquidate and transfer cash
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2 Partial or Non-Brokerage Transfer.	
A Trust Company, Bank, Credit Union, Savings & Loan, Annuities, Life Insurance, DRIP Plan Shares or Certificates of Deposit Transfer.	
<input type="checkbox"/> Liquidate and Transfer Cash <input type="checkbox"/> Transfer all assets or shares in my account as is <input type="checkbox"/> Liquidate Certificates of Deposit IMMEDIATELY. (I acknowledge the penalty I may incur from an early withdrawal.) <input type="checkbox"/> Liquidate Certificates of Deposit AT MATURITY. (Submit this transfer no earlier than 30 days prior to maturity.) Maturity Date: <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/>	

B Partial Brokerage, Trust Company or Annuity Transfer. (Transfer only the assets or shares listed below)	<i>Choose One for Each Item</i>																
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Quantity</th> <th style="width: 55%;">Description of Asset</th> <th style="width: 10%;">Liquidate and Transfer Cash</th> <th style="width: 10%;">Transfer Shares As Is</th> </tr> </thead> <tbody> <tr><td><input style="width: 95%;" type="text"/></td><td><input style="width: 95%;" type="text"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td><input style="width: 95%;" type="text"/></td><td><input style="width: 95%;" type="text"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td><input style="width: 95%;" type="text"/></td><td><input style="width: 95%;" type="text"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> </tbody> </table>	Quantity	Description of Asset	Liquidate and Transfer Cash	Transfer Shares As Is	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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*For additional assets, please attach a separate sheet.																	

3 Mutual Fund Company Transfer. (One form per Fund Family. Please send to Mutual Funds, WS1150.)	<i>Choose One for Each Item</i>																				
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Age 70½ Restrictions - THE FOLLOWING RESTRICTIONS APPLY TO A RETIREMENT ACCOUNT TRANSFER.

If I am over 70½, I attest that none of the amount to be transferred will include the required minimum distribution for the current year pursuant to Section 401(a)(9) of the Internal Revenue Code. I understand that if I choose a method of disposition of such assets other than liquidation and transfer, I may become liable for the payment of taxes and penalties with respect to such assets.

**** A COPY OF YOUR MOST RECENT STATEMENT IS REQUIRED TO PROCESS THIS TRANSFER ****

Client Signature X	Date <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/>	Joint Account Holder Signature X	Date <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/>
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For Office Use Only			Signature Guaranteed By
Sub Firm No. <input style="width: 95%;" type="text"/>	FA Code <input style="width: 95%;" type="text"/>	Branch <input style="width: 95%;" type="text"/>	Medallion Signature Guarantee Program
FA Signature <input style="width: 98%;" type="text"/>			

PLEASE BE ADVISED THAT FIRST CLEARING, LLC ACCEPTS APPOINTMENT AS SUCCESSOR CUSTODIAN.			
Successor Custodian Signature	Date <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/>	Contact Name <input style="width: 95%;" type="text"/>	Phone Number <input style="width: 95%;" type="text"/>

Accounts carried by First Clearing, LLC, member FINRA/SIPC.

For Delivering Organization's Use Only

If this account is a qualified retirement account, I have amended the applicable plan so that it names (not FCC) as successor custodian. Unless otherwise indicated in the instructions above, please transfer all assets in my account to . I understand that to the extent any assets in my account are not readily transferable with or without penalties, such assets may not be transferred within the time frames required by NYSE Rule 412 or similar rule of the FINRA or other designated examining authority. I authorize you to liquidate any non-transferable proprietary money market fund assets that are part of my account and transfer the resulting credit balance. I authorize you to deduct any outstanding fees due 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 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 sale, when and as directed by me. I understand that upon receiving a copy of this transfer instruction, 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 securities account. I understand that you will contact me with respect to the disposition of any assets in my securities account that are non-transferable.

Receiving Firm Information:	
FIRST CLEARING, LLC 10700 WHEAT FIRST DRIVE GLEN ALLEN, VA 23060	Tax ID Number: 23-2384840 - FCC Retail and IRA

Delivery Instructions (All deliveries MUST include the client name and FCC account number.)

Wire Instructions	Wachovia Bank, N.A./Roanoke VA ABA 051400549 Beneficiary: First Clearing, LLC Account # 5050000000631 Further Credit (Client Name & Full Account Number)
All DTC Eligible Securities	DTC #: 0141 Client Name and Client Account Number
Physical Deliveries	FIRST CLEARING, LLC Attn: Security Control - WS1200 10700 Wheat First Drive Glen Allen, VA 23060 Further Credit to Client Account Number
Book-Entry GNMA Securities - PTC Or Fed Book-Entry – Government Securities	BK of NYC/FCCORP. ABA# 021000018 Further Credit to Client Account Number
Euroclear Eligible Bonds (must notify Security Clearance 2 days prior to settlement)	EUROCLEAR #10708 Further Credit to Client Account Number
Foreign Equities: (must notify Security Clearance in order for them to instruct)	JP Morgan Chase Bank A/C # CHASGBZLGST Account of First Clearing, LLC Further Credit to Client Account Number
Forward Checks* to the Address Indicated *Must include Client Name and FCC Account Number.	<input type="checkbox"/> FIRST CLEARING, LLC Attn: Cash Management - WS1030 10700 Wheat First Drive Glen Allen, VA 23060 Further Credit to Client Account Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
ACAT Mutual Fund Registration Instructions - FCC IRA	FIRST CLEARING, LLC FBO: Client Name and Client Account Number P.O. Box 6600 Glen Allen, VA 23058-6600
Mutual Fund Broker-Dealer	First Clearing, LLC