



CUSTOMER ACCOUNT TRANSFER FORM

Use this form to authorize the transfer of securities and/or funds from another financial institution (brokerage firm, bank, insurance/annuity, credit union, transfer agent, or Mutual Fund company) into an Electronic Transaction Clearing, Inc. ("ETC") brokerage account.

ACATs:
 FAX completed form and statement to (213) 244-1405
 Originals are NOT required to be mailed to ETC

Non-ACATs and Direct Registration System ("DRS") Transfers:
 Mail original completed form with statement to ETC, Attention Operations
 Department, 660 S. Figueroa Street, Suite 1450, Los Angeles, CA 90017

SECTION 1: RECEIVING FIRM INFORMATION – ETC BROKERAGE ACCOUNT	SECTION 2: DELIVERING FIRM INFORMATION
ETC Account Number:	Delivering Firm Account Number:
ETC Clearing Number: 0873	Delivering Firm Clearing Number:
Account Holder Name/Account Title:	Delivering Firm Name:
Primary Account Holder Social Security/Tax ID Number:	Delivering Firm Address:
Secondary Account Holder Social Security/Tax ID Number:	
Registration Type: <input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Trust <input type="checkbox"/> Traditional/Rollover IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> Profit Sharing Plan <input type="checkbox"/> Money Purchase Plan <input type="checkbox"/> Other:	Registration Type: <input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Trust <input type="checkbox"/> Traditional/Rollover IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> Profit Sharing Plan <input type="checkbox"/> Money Purchase Plan <input type="checkbox"/> Other:

SECTION 3: TRANSFER TYPE (SELECT ONE)		
<input type="checkbox"/> More than two assets - Attach additional Customer Account Transfer Forms		
<input type="checkbox"/> A. Transfer from a Brokerage Account, Trust Company, or Transfer Agent <input type="checkbox"/> Full Transfer my entire account in-kind, including cash (Available only for eligible positions) <input type="checkbox"/> Partial Transfer only the securities listed in-kind Unless otherwise indicated, some non-transferrable money market funds may be liquidated by delivering firm	Number of Shares or "All"	
	Name of Security	
	Symbol/CUSIP	
	Account Number	
	Number of Shares or "All"	
	Name of Security	
	Symbol/CUSIP	
<input type="checkbox"/> B. Transfer from a Transfer Agent (DRS Transfers) <input type="checkbox"/> Full Transfer all shares and leave fractional shares at contra firm <input type="checkbox"/> Partial Transfer only the securities listed in-kind Unless otherwise indicated, some non-transferrable money market funds may be liquidated by delivering firm	Number of Shares or "All"	
	Name of Security	
	Symbol/CUSIP	
	Account Number	
	Number of Shares or "All"	
	Name of Security	
	Symbol/CUSIP	
<input type="checkbox"/> C. Transfer from a Mutual Fund Company <input type="checkbox"/> Full Transfer my entire account in-kind, including cash (Available only for eligible positions) <input type="checkbox"/> Partial Transfer only the Mutual Funds listed	Number of Shares or "All"	
	Name of Security	
	Symbol/CUSIP	
	Account Number	
	Number of Shares or "All"	
	Name of Security	
	Symbol/CUSIP	
<input type="checkbox"/> D. Transfer from a Bank, Insurance Company/Annuity or Credit Union Submit one transfer form per account or CD being transferred <input type="checkbox"/> Full Transfer my entire account in-kind, including cash. (Available only for eligible positions) <input type="checkbox"/> Partial Transfer only the securities listed in-kind. Unless otherwise indicated, some non- transferrable money market funds may be liquidated by delivering firm	Number of Shares or "All"	
	Name of Security	
	Symbol/CUSIP	
	Account Number	
	Number of Shares or "All"	
	Name of Security	
	Symbol/CUSIP	
Account Number		
Comments/Notes:		

SECTION 4: ACCOUNT HOLDER SIGNATURE(S)

By signing below I/we agree to read and be bound by the terms and conditions printed in this document. If the account is a retirement account, I/we hereby certify that the retirement account is eligible to be transferred to the account I/we have established with the Successor Custodian named herein. If this is a Profit Sharing or Money Purchase Pension Plan transfer, I/we certify that none of the amount to be transferred will include the required minimum distribution for the current year.

Further I/we agree that ETC does not accept and will not act as Custodian/Trustee of and for any assets and/or positions which are not actually transferred to ETC and specifically does not approve any notation on the books and records of any entity, including but not limited to any mutual fund company, that indicates, implies, and/or states that ETC is the Custodian/Trustee of any assets held away from ETC.

I/We understand that to the extent any assets in my/our account are not readily transferrable, with or without penalties, such assets may not be transferred within the time frames required by FINRA Rule 11870 or other designated examining authority. Unless otherwise indicated in Section 3 of this form, I/we authorize ETC to liquidate any non-transferrable proprietary or non-proprietary money market fund assets that are part of my/our account and transfer the resulting credit balance to the Successor Custodian. I/We understand that if I/we choose a method of disposition of such assets other than liquidation and transfer, I/we may become liable for payment of taxes and penalties with respect to such assets. I/We also understand that we will be notified in writing by the delivering firm, and/or by the receiving firm with respect to the disposition of any other assets in my/our account that are non-transferrable. I/We authorize ETC the account is insufficient to satisfy any outstanding fees due ETC, I/we authorize ETC to liquidate the assets in my/our account to the extent necessary to satisfy any outstanding fees due ETC. If certificates or other instruments in my/our account are in ETC's physical possession, I/we instruct ETC to transfer them in good deliverable form, including affixing any necessary tax waivers to enable ETC to transfer them in its name for the purpose of sale, when and as directed by me/us. Upon receiving a copy of this transfer instruction, the delivering organization will cancel all open orders for my/our account on its books. I/We affirm that I/we have destroyed or returned to ETC credit/debit cards and/or unused checks issued to me/us, if any, in connection with the account I/we have designated for transfer.

Age 70½ Restrictions – The following restrictions apply to certain retirement account transfers.

If I am over 70½ and am using this form to effect a direct rollover, 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.

Primary Account Holder:

Signature:

Date:

Secondary Account Holder:

Signature:

Date:

IRA, Employer Sponsored Retirement Plan or Coverdell ESA Account Transfer Custodial Acceptance

To the Prior Custodian/Trustee:

ETC hereby accepts its appointment as Successor Custodian for the IRA, Employer Sponsored Retirement Plan or Coverdell ESA Account as indicated on this transfer form. The receiving amount is maintained under Internal Revenue Code Section 408, 401, or 530, as applicable.

Successor Custodian Name:

Signature:

Date:

Profit Sharing/Money Purchase Pension Plan Administrator Release and Authorization

Authorization for Transfer of Profit Sharing or Money Purchase Pension Plan As Plan Administrator, I am authorizing the transfer of the aforementioned Profit Sharing Plan or Money Purchase Pension Plan Account to the corresponding participant account under my plan at ETC as Custodian.

Plan Administrator Name:

Signature:

Date:

Registered Representative:

Telephone Number:

Branch:

RR Number: