

# Account Transfer Form

This form is used to request to transfer an account between brokerage firms. A complete copy of the most recent account statement (dated within 90 days) from the delivering account must accompany this form for the transfer to be processed. Submit this completed form to your Introducing Broker Dealer. Detailed instructions provided on page 3. Throughout this form, all pronouns such as “you”, “your”, “I” and/or “my”, mean the beneficial owner(s) of the brokerage account.

**SECTION 1: ACCOUNT INFORMATION - The registration and SSN of both accounts must match.**

Receiving Account Information
<b>Clearing Number:</b> DTCC – 0052 OCC - 0052
<b>Account Number:</b>
<b>Account Title:</b>
<b>SSN:</b>
<b>Account Type:</b> <input type="checkbox"/> Individual <input type="checkbox"/> Corporate/Business <input type="checkbox"/> SEP IRA <input type="checkbox"/> Joint <input type="checkbox"/> UGMA/UTMA <input type="checkbox"/> SIMPLE IRA <input type="checkbox"/> Estate <input type="checkbox"/> Traditional/Rollover IRA <input type="checkbox"/> Inherited <input type="checkbox"/> Roth IRA <input type="checkbox"/> Trust <input type="checkbox"/> Other _____
<b>Receiving Firm Name:</b> COR CLEARING LLC
<b>Receiving Firm Address:</b> 1200 Landmark Center Ste. 800
<b>Receiving Firm City, State, ZIP:</b> Omaha NE 68102-1916
<b>Receiving Firm Phone Number:</b> 402-384-6100

Delivering Account Information
<b>Clearing Number:</b>
<b>Account Number:</b>
<b>Account Title:</b>
<b>SSN:</b>
<b>Account Type:</b> <input type="checkbox"/> Individual <input type="checkbox"/> Corporate/Business <input type="checkbox"/> SEP IRA <input type="checkbox"/> Joint <input type="checkbox"/> UGMA/UTMA <input type="checkbox"/> SIMPLE IRA <input type="checkbox"/> Estate <input type="checkbox"/> Traditional/Rollover IRA <input type="checkbox"/> Inherited <input type="checkbox"/> Roth IRA <input type="checkbox"/> Trust <input type="checkbox"/> Other _____
<b>Delivering Firm Name:</b>
<b>Delivering Firm Address:</b>
<b>Delivering Firm City, State, ZIP:</b>
<b>Delivering Firm Phone Number:</b>

**SECTION 2: TRANSFER INSTRUCTIONS – COMPLETE ONLY ONE OF THE FOLLOWING SECTIONS (A, B, C, D, OR E)**

<b>A. BROKERAGE ACCOUNT TRANSFER</b> <input type="checkbox"/> Full Account Transfer -OR- <input type="checkbox"/> Partial Account Transfer (list assets below, attach additional signed pages if needed)					
Description	Symbol/CUSIP	Share Quantity	Description	Symbol/CUSIP	Share Quantity
CASH	-----	\$	5.		
2.			6.		
3.			7.		
4.			8.		
<b>B. MUTUAL FUND COMPANY TRANSFER IN KIND / LIQUIDATIONS - (* Indicates Required Field)</b> - You must indicate transfer or liquidation for each fund (money market funds must be liquidated and transferred as cash). - For Transfers in Kind, please mark a dividend and capital gain option (if no selections are made, Reinvest is the default). - Attach additional pages if needed					
<b>*Fund Name/Share Class</b>		<b>*Symbol</b>	<b>*Fund Name/Share Class</b>		<b>*Symbol</b>
<b>*Fund Account Number</b>			<b>*Fund Account Number</b>		
<b>*Transfer Instructions - Complete 1 or 2</b>			<b>*Transfer Instructions - Complete 1 or 2</b>		
1. Transfer in Kind <input type="checkbox"/> All <input type="checkbox"/> Share Amt _____ <input type="checkbox"/> Dollar Amt _____ Dividend Option <input type="checkbox"/> Reinvest <input type="checkbox"/> Pay in Cash Capital Gains Option <input type="checkbox"/> Reinvest <input type="checkbox"/> Pay in Cash			1. Transfer in Kind <input type="checkbox"/> All <input type="checkbox"/> Share Amt _____ <input type="checkbox"/> Dollar Amt _____ Dividend Option <input type="checkbox"/> Reinvest <input type="checkbox"/> Pay in Cash Capital Gains Option <input type="checkbox"/> Reinvest <input type="checkbox"/> Pay in Cash		
2. Liquidate <input type="checkbox"/> All <input type="checkbox"/> Share Amt _____ <input type="checkbox"/> Dollar Amt _____			2. Liquidate <input type="checkbox"/> All <input type="checkbox"/> Share Amt _____ <input type="checkbox"/> Dollar Amt _____		
<b>C. BANK OR CREDIT UNION TRANSFER – FOR RETIREMENT ACCOUNTS ONLY</b> <input type="checkbox"/> Transfer all Cash <input type="checkbox"/> Liquidate CD immediately and transfer cash (penalties may apply) <input type="checkbox"/> Transfer Partial Cash \$ _____ <input type="checkbox"/> Liquidate CD at maturity and transfer cash. Maturity Date _____					
<b>D. ANNUITY LIQUIDATION</b> <input type="checkbox"/> Full Liquidation (Surrender Charges may apply) <input type="checkbox"/> Partial Liquidation \$ _____					
<b>E. TRANSFER AGENT TRANSFER</b>					
	<b>DESCRIPTION</b>	<b>SYMBOL/CUSIP</b>	<b>SHARE AMOUNT</b>	<b>*Note:</b> If ALL is selected, any partial shares will be liquidated by the Transfer Agent.	
			<input type="checkbox"/> ALL*		
			<input type="checkbox"/> AMOUNT _____		

Account Number:

SECTION 3: ACCOUNT HOLDER AUTHORIZATION

To Delivering Firm: Unless otherwise indicated above, please transfer all assets in my account to COR Clearing, LLC ("COR"). 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 New York Stock Exchange Rule 412 or similar rule of FINRA or other designated examining authority.

For Retirement Accounts: If this transfer is for a qualified retirement account, I have amended the applicable plan so that it names COR as successor custodian. Alternatively, if this transfer is for an Individual Retirement Account ("IRA"), I have adopted an IRA plan so that it names COR as the successor custodian.

Fees: If the assets I am transferring are considered nonstandard assets by COR, I understand that I will be charged set-up and maintenance fees. I understand that fractional shares of stock are nontransferable, and I agree that any fractional shares will be liquidated by the delivering firm upon the transfer of the whole shares.

Mutual Fund Dividends and Capital Gains: I understand that my delivering firm may provide COR with mutual fund dividends and capital gains distribution instructions for each mutual fund position so that COR may implement these instructions.

SIGNATURES - ALL ACCOUNT HOLDERS MUST SIGN BELOW
Table with 3 columns: Signature, Print Name, Date. Includes rows for Account Holder and Broker.

MEDALLION SIGNATURE GUARANTEE (FOR OFFICE USE ONLY)
Two large empty boxes for signature verification.

SECTION 4: SUCCESSOR CUSTODIAN LETTER OF ACCEPTANCE - FOR IRAS AND QUALIFIED PLANS (OFFICE USE ONLY)

To the prior trustee or custodian: Please be advised that COR CLEARING, LLC will accept the account described herein as successor custodian.
Table with 3 columns: Authorized Firm Representative, Print Name, Date.

SECTION 5: LETTER OF AUTHORIZATION - ACCOUNT REGISTRATION DIFFERENCES - Complete only if applicable.

Required: If the account name and/or title you are transferring does not match your account title on the receiving account. I/we hereby authorize the transfer of my/our account being held at the firm listed on page 1 of this form and registered as:
Account title as it appears on your most recent statement
Delivering Account Owner Signatures: All parties on the delivering account must sign below.
Table with 2 columns: Account Holder Signature.

SECTION 6: ONE AND THE SAME LETTER- Complete only if applicable.

I, \_\_\_\_\_ (please print name), am One and the Same as \_\_\_\_\_ (please print name) as shown on the delivering firm account.
Please sign BOTH Ways
Table with 2 columns: Account Holder Signature.

**GUIDANCE FOR COMPLETING THE ACCOUNT TRANSFER FORM**

*NOTE: If you are requesting a transfer from a Qualified Retirement plan, please contact your plan administrator, as this form may not be required. If you are transferring between two COR accounts, please use the LOA for Internal Transfer. This form may not be used to transfer from a checking or savings account from a bank/credit union. For IRAs and Beneficiary IRAs where the original owner was 70 ½ years or older at death, please attach a copy of your end of year statement to enable us to calculate the required minimum distribution for the account.*

**SECTION 1: ACCOUNT INFORMATION**

The account title and the Tax ID for both the account being transferred and your COR account should match.

**SECTION 2: TRANSFER INSTRUCTIONS** - Only complete one (1) part of this section.

- A. Brokerage Account Transfer
- Only whole shares for equities will be transferred and any fractional shares may be liquidated and transferred as cash.
  - For Partial Transfers, list descriptions of assets and share quantities.
  - Proprietary Mutual Funds and all no-load Money Market funds cannot be transferred in-kind and must be liquidated.
- B. Mutual Fund Company Transfer -This section pertains only to shares of Mutual Funds held directly with the fund company. For brokerage accounts containing mutual funds and/or stocks complete the Brokerage Account section 2A above.
- List the name, account number, symbol, and quantity or dollar amount.
  - If no selection is made, COR will transfer shares in-kind.
  - Proprietary Mutual Funds and all no-load Money Market funds cannot be transferred in-kind and must be liquidated.
  - A separate Account Transfer Form is required for each fund family being transferred.
- C. Bank or Credit Union Transfer- For Retirement Accounts ONLY
- Transfer cash only.
  - Original signatures are usually required. Please mail the original form to complete the transfer request.
  - For any investment that has a renewal deadline, maturity date, surrender charge period/window, or the like, paperwork must be received in good order three (3) weeks prior to the firm deadline to allow for proper processing times.
- D. Annuity Liquidation - If partial is selected, amount for partial must be included. Contact the insurance company to determine whether surrender forms are required before submitting the transfer form. Attach surrender form if applicable.
- E. Transfer Agent
- This section is specifically for transfers from a Transfer Agent via the Direct Registration System or DRS. DRS transfers must be between like-titled accounts. Please provide the most recent copy of your delivering account statement dated within 90 days.
  - All shares MUST be held in book-entry form at the Transfer Agent prior to initiating the transfer.

**SECTION 3: ACCOUNT HOLDER AUTHORIZATION**

All account holders (clients or trustees) as indicated by the account registration must sign this section.

Medallion Signature Guarantee is required as a protection against fraud on non-ACAT eligible transfers.

The best source of a Medallion Signature Guarantee is a brokerage firm, bank, credit union or savings and loan association with which you do business. Guarantor firms may, but frequently do not, charge a fee for their services.

**SECTION 4: SUCCESSOR CUSTODIAN LETTER OF ACCEPTANCE – FOR IRAs AND QUALIFIED PLANS**

Office use only.

**SECTION 5: LETTER OF AUTHORIZATION – ACCOUNT REGISTRATION DIFFERENCES**

This section only applies to situations where there is a common beneficial owner between both accounts. COR does not accept requests to transfer between third parties. Completion of this section does not guarantee processing. It is not applicable to transfers requested in Section 2.E. (requests to transfer from a Transfer Agent).

**SECTION 6: ONE AND THE SAME LETTER**

Completing this section does not guarantee processing and you may be required to update your account registration at the delivering firm. If you are transferring an account, and the name(s) on the account held at COR do not exactly match, but are still for one and the same person, please complete this section. This section should be used if your name has changed due to one or more of the following: marriage, divorce, name spelling error, or any type of name change including Jr. or Sr. If there is a difference in the last name, you must supply legal documentation sufficient to establish matching identity, for example, a state-issued driver's license, passport, or government ID.

**FREQUENTLY ASKED QUESTIONS ON TRANSFERS**

**How long will the transfer take?** Full brokerage account transfers are sent via ACATS (Automated Customer Account Transfer Service) and take approximately 7 – 10 business days. Any residual balances that remain with the delivering brokerage firm after your transfer is completed should follow in 7 – 10 additional business days. Transfers that are not eligible to be entered on the ACATS system take at least four (4) weeks to be completed upon receipt of all necessary paperwork.

**Will there be any transfer fees?** Upon receiving your transfer request, your previous institution may charge a fee that they will transfer to your COR account as a debit and you are responsible for any fees transferred. COR may charge you a fee for some foreign securities.

**How do I transfer my Mutual Funds?** Fill out Step 2, Section C of the form. There are some mutual fund companies with whom COR has not established an agreement to hold a particular mutual fund. You will have to contact the prior firm to have these funds liquidated. Some financial firms issue their own (proprietary) mutual funds and these mutual funds cannot be transferred to COR. You may, at your choosing, contact the prior firm and liquidate these funds. There may be charges, expenses, and tax implications associated with liquidation. You should review the fund's prospectus for more information or contact an accountant or tax professional.

**How do I transfer Limited Partnerships and Alternative Investments?** COR can only transfer exchange traded LPs and COR-approved non-exchange traded LPs. Please contact your Introducing Broker Dealer for a list of approved companies.

**How do I transfer an Annuity?** Fill out Step 2, Section E of the form. COR can only request liquidation for qualified accounts. Contact your existing insurer to see if they will need any additional documentation such as the original annuity contract. Also, please be aware that there may be a surrender charge involved with liquidating the annuity.

**What is a Transfer in Kind?** Transfer of securities as is. Assets will be transferred to a new or existing COR brokerage account for the benefit of the client.

Account Number:

**FOR DELIVERING ORGANIZATION'S USE ONLY**

<b>Receiving Firm Information</b>	Mail to: COR Clearing, LLC Attn: ACAT Dept 1200 Landmark Center, Ste 800 Omaha, NE 68102-1916
<b>Contact Information</b>	<b>General Inquiries:</b> 402-384-6100 <b>Mutual Funds:</b> 402-384-2047 <b>ACAT Inquiries:</b> 402-384-2050 <b>All Others:</b> 402-384-2050
<b>Delivery Instructions</b> *All deliveries MUST include the client name and COR account number	
<b>DTCC Eligible Securities</b>	DTCC #0052 FBO Client's Name and COR Account Number
<b>DTCC Envelope System deliveries to:</b>	NSSC 0052 FBO Client's Name and COR Account Number
<b>Foreign Securities deliveries to:</b>	Merrill Lynch Custody Services A/C 64U80052 FBO Client's Name and COR Account Number
<b>Euroclear Instructions</b>	Euroclear #78894 <i>Notification is required for all trade settlement or free deliveries. Please send an e-mail to <a href="mailto:Foreign@CORClearing.com">Foreign@CORClearing.com</a> or call 402-384-6110</i>
<b>Option Free Deliveries to</b>	OCC COR Clearing #0052 <i>For account transfers please call 402-384-2050 to coordinate delivery</i>
<b>Liquidation Checks for:</b> Retirement Accounts ONLY	<i>Make check payable to and mail to:</i> COR Clearing, LLC FBO Client's Name and COR Account Number 1200 Landmark Center, Suite 800 Omaha, NE 68102
<b>Mutual Fund deliveries for Network Eligible</b>	COR Clearing Tax ID # 77-0616239 FBO Bin # (Client number) 1200 Landmark Center, Suite 800 Omaha NE 68102 <i>Questions, call Mutual Fund Department: 1-402-384-2047</i>
<b>Book Entry Government deliveries to:</b> Bills, Notes, Bonds, Strips, FNMA GNMA, FHLMC etc. GSCC Comparison Only: 9686	ABA 021000018 BMO Harris Bank NA/1040/1013029446 FBO Client's Name and COR Account Number
<b>Limited Partnership DPP or REIT deliveries:</b> <i>General Partnership, Master Limited Partnership, Direct Participation Programs, and Real Estate Investment Trusts, where the asset is book entry at the agent.</i>	Register IRAs to: COR CLEARING Custodian Tax ID # 77-0616239 FBO Client's Name and COR Account Number Mail to: 1200 Landmark Center, Suite 800 Omaha, NE 68102
<b>Physical Security Deposits</b>	Mail to: COR Clearing, LLC 1200 Landmark Center, Suite 800 Omaha, NE 68102
<b>Money Wire Instructions</b>	BMO Harris Bank 111 West Monroe Street Chicago, IL 60690 ABA #071000288 Swift: HATRUS44 Account Name – COR Clearing Acct # 3174109 FBO Client's Name and COR Account Number
<b>Prime Broker ID</b> <i>Please send Prime Broker inquiries to <a href="mailto:prime@corclearing.com">prime@corclearing.com</a></i>	Institution # 94321 Agent ID # 94321
<b>DVP Trade ID</b> <i>Please send DVP inquiries to <a href="mailto:newdvp@corclearing.com">newdvp@corclearing.com</a></i>	Institution # 89751 Agent ID # 89751