

Account Transfer Form
(Please use a separate form for each account you transfer)



1 TradePMR Account Information	
Account Number	Rep Code
Account Registration (e.g., Jane Smith IRA)	
Tax ID/SSN	Tax ID/SSN
Account Type (check one) <input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Custodian <input type="checkbox"/> Trust <input type="checkbox"/> Estate <input type="checkbox"/> Corporate <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Rollover IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> SIMPLE IRA <input type="checkbox"/> Beneficiary IRA <input type="checkbox"/> Bene Roth IRA <input type="checkbox"/> SEP IRA <input type="checkbox"/> Coverdell <input type="checkbox"/> Qualified Plan: _____	

2 Delivering Firm Account Information	
Account Number	
Name of Financial Institution	
Physical Address for Delivering Firm (if Non-ACAT)	
Account Type (check one) <input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Custodian <input type="checkbox"/> Trust <input type="checkbox"/> Estate <input type="checkbox"/> Corporate <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Rollover IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> SIMPLE IRA <input type="checkbox"/> Beneficiary IRA <input type="checkbox"/> Bene Roth IRA <input type="checkbox"/> SEP IRA <input type="checkbox"/> Coverdell <input type="checkbox"/> Qualified Plan: _____	

A complete copy of your most recent account statement (dated within 90 Days) is required for this form to be processed.

3 Transfer Instructions – CHECK ONLY ONE BOX				
<input type="checkbox"/> A. Transfer All Assets In-Kind Transfers in-kind for ACAT or non-ACAT transfers. Client information and account title, as it appears on your most recent statement, must match TradePMR's account information. Certain product types do not allow transfers in-kind and must be liquidated.				
<input type="checkbox"/> B. Liquidate All Assets and Transfer Proceeds Liquidation request are not ACAT-eligible and will be submitted to the delivering firm with a request to mail the proceeds to TradePMR. Some firms may not accept this form to complete liquidations. Transfers requiring liquidations can take 30-60 days to receive the funds.				
<input type="checkbox"/> C. Certificate of Deposit Liquidation (CD) (check one only) <div style="margin-left: 20px;"> <input type="checkbox"/> Upon Maturity – the maturity date is _____ (submit between 4 to 6 weeks before maturity) <input type="checkbox"/> Immediately – I acknowledge there may be a penalty and/or surrender charge for a full liquidation. </div>				
<input type="checkbox"/> D. Partial Account Transfer Use the section below to specify the appropriate assets for a partial transfer. All columns must be completed. Transfer fees may still apply at the delivering firm.				
Asset Description	Symbol/CUSIP	Number of Shares	Transfers	Mutual Fund Account Number (If Direct at the Fund. Mutual Funds will be set to reinvest.)
1. Cash \$ _____				
2. _____	_____	<input type="checkbox"/> All _____ <input type="checkbox"/> _____	<input type="checkbox"/> In-Kind <input type="checkbox"/> Liquidate	_____
3. _____	_____	<input type="checkbox"/> All _____ <input type="checkbox"/> _____	<input type="checkbox"/> In-Kind <input type="checkbox"/> Liquidate	_____
4. _____	_____	<input type="checkbox"/> All _____ <input type="checkbox"/> _____	<input type="checkbox"/> In-Kind <input type="checkbox"/> Liquidate	_____
5. _____	_____	<input type="checkbox"/> All _____ <input type="checkbox"/> _____	<input type="checkbox"/> In-Kind <input type="checkbox"/> Liquidate	_____
6. _____	_____	<input type="checkbox"/> All _____ <input type="checkbox"/> _____	<input type="checkbox"/> In-Kind <input type="checkbox"/> Liquidate	_____
7. _____	_____	<input type="checkbox"/> All _____ <input type="checkbox"/> _____	<input type="checkbox"/> In-Kind <input type="checkbox"/> Liquidate	_____
8. _____	_____	<input type="checkbox"/> All _____ <input type="checkbox"/> _____	<input type="checkbox"/> In-Kind <input type="checkbox"/> Liquidate	_____
Please attach a separate sheet for additional assets. The sheet must be signed by all account holders.				

4 Terms and Conditions

Trade-PMR, Inc., does not make recommendations or provide investment advice. This request for account transfer was not solicited by Trade-PMR, Inc.

Client Instructions to Delivering Firm

If this account is a qualified retirement account, I have amended the applicable plan so that it names First Clearing* as successor custodian. Unless otherwise indicated in the instructions above, please transfer all assets in my account.

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 FINRA Rule 11870 or similar rule of other designated examining authority. I authorize you to liquidate any nontransferable 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.

- I understand that fractional shares may not transfer in kind and may be required to be liquidated to complete a full transfer
- When applicable, I authorize the delivering firm to discontinue all account management agreements immediately. The client will have sole responsibility for investment decisions with respect to the securities, cash and other assets in the client's account until the client hires a new investment manager
- **CLIENT PLEASE NOTE:** (Applicable to retirement accounts only) Regular IRA contributions can be commingled with rollover/direct rollover contributions. Please consult with a tax advisor to determine the best option for your situation. I understand and acknowledge that commingling may preclude me from rolling funds from my IRA to another qualified plan or 403(b) plan.

Cash Sweep

I/We consent to having uninvested cash included in your Cash Sweep Program. For most accounts, the Bank Deposit Sweep will be used for uninvested cash balances, for which no interest is otherwise earned or paid. Advisory ERISA and accounts for banks, credit unions, mutual fund and insurance companies and government entities will sweep to a Money Market Mutual Fund. We may charge fees and receive certain benefits on the cash sweeps. I/we further acknowledge that if First Clearing changes the Cash Sweep Program on my/our account I/we will be provided with prior written notice. Bank Deposit and Money Market Mutual Fund sweeps are subject to different risks and account protection. The Bank Deposit Sweep is subject to FDIC insurance and Money Market Mutual Funds are covered by SIPC. Details about the Cash Sweep Program, including the different risks and enhanced account protection, are covered in the sweep program disclosure statement which will be included in your new account package and can be found online at www.firstclearingllc.com/CashSweepProgram/index.htm.

IRA Direct Rollover from Qualified Retirement Plan (QRP) Irrevocable Election

A direct rollover is a reportable distribution from a QRP to an IRA or another QRP. Due to the important tax consequences associated with rolling over funds or property to an IRA from an employer held plan, when you sign this Customer Account Transfer form, you acknowledge the following: the IRA Custodian is not responsible for providing you with tax or other legal advice; you have been advised to see a tax professional and no broker or other employee is authorized to give such advice. You are aware that the rollover from the QRP is an irrevocable election and you are certifying that all information provided on this form is true and correct. You are certifying that you understand the rules and conditions associated with making a direct rollover and that the assets being moved from the QRP are eligible for rollover into an IRA or another QRP. You are also assuming full responsibility for this direct rollover transaction and will not hold the IRA Custodian liable for any adverse consequences that may result.

Age 72 Required Minimum Distribution (RMD) Retirement Account Reminder

If you are age 72 or older, or if you will attain age 72 this year, the IRS requires that the first monies withdrawn from your retirement account be your required minimum distribution (RMD) for the year. Although the IRS permits you to transfer your RMD between like IRAs, you are not permitted to roll over an RMD even as a direct rollover from a QRP. Be sure to satisfy your RMD before requesting a direct rollover. If you need additional information about this requirement, please contact your legal or tax advisor.

Auction Rate Securities: Account Transfer Acknowledgement

You understand and agree to the following in connection with the auction rate securities held in your account:

- Your auction rate securities were purchased prior to the transfer of your account to us. As a result, we are not responsible or liable for any prior recommendations or advice with respect to these securities nor are we under any obligation to provide you with any investment recommendation or advice with respect to the disposition or continued holding of these securities in your account following the transfer of your account.
- You also understand and agree that we are not under any obligation to you (i) to provide loans under margin agreements or otherwise secured in whole or part by the auction rate securities in your account, (ii) to purchase or continue to purchase any auction rate securities in periodic rate setting auctions or in secondary market transactions, or (iii) to provide liquidity for such securities. Many auctions for these securities are in failed status meaning that holders of these securities are not able to sell these securities in the periodic rate setting auctions or in secondary market transactions and as a result, liquidity for these securities currently is greatly impaired. We provide no assurance that you will be able to sell or otherwise dispose of these securities following the transfer of your account to us. You understand that we take actions in connection with other customers that we do not offer you in connection with your auction rate securities. **Revocation of Advisory Agreements** When applicable, I authorize the delivering firm to discontinue all account management agreements immediately. The client will have sole responsibility for investment decisions with respect to the securities, cash and other assets in the client's account until the client hires a new investment manager. **Margin Agreements** Accounts for which the client signed Margin Agreement has not be received by the Firm may be subject to restriction, sellout, and closure after review by the Credit Margin Department.

*Account(s) carried by First Clearing. First Clearing is a trade name used by Wells Fargo Clearing Services, LLC, a registered broker-dealer and non-bank affiliate of Wells Fargo & Company.

5 One and Same Name Certification

By completing this section you are authorizing a transfer between unlike account registrations only.

This is to certify that _____ (print name)
and _____ (print name) are one and the same person.

Sign as both ways accounts are registered:

Signature	Print Name and Capacity (if applicable)	Date
Signature	Print Name and Capacity (if applicable)	Date

6 Account Holder Signatures

All required signers at the contra firm must sign and date. If acting as a fiduciary (such as Power of Attorney, Trustee, Executor), please sign in that capacity. I/We, the undersigned, acknowledge that I/we have read, understand, and agree to be bound by the terms & conditions.

Primary Account Holder Signature	Print Name and Capacity (if applicable)	Date
Secondary Account Holder Signature	Print Name and Capacity (if applicable)	Date
Account Holder Signature	Print Name and Capacity (if applicable)	Date
Account Holder Signature	Print Name and Capacity (if applicable)	Date
Account Holder Signature	Print Name and Capacity (if applicable)	Date

7 Signature Validation – COMPLETED BY ADVISOR

This section is used to validate the identity and signature of a client, prior to submission of the document and is only valid for this document. This document will have a Medallion Stamp or SVP Stamp affixed to the document prior to processing. This section is required to be completed for each document that requires a Medallion Stamp or SVP Stamp.

Client Identification/Signature Validation - Check one of the four Validation Options below

- | | |
|--|---|
| 1. <input type="checkbox"/> Client is Personally Known to Me
2. <input type="checkbox"/> Validated Government-Issued Photo ID (when client is present)
3. <input type="checkbox"/> Compared signature to imaged documents. | 4. <input type="checkbox"/> Verbally confirmed two of the following (when client is not present):
<input type="checkbox"/> Social Security Number or Tax Identification Number
<input type="checkbox"/> Date of Birth
<input type="checkbox"/> Home Telephone Number
<input type="checkbox"/> Recent Account Activity |
|--|---|

I certify that I validated the client's identity and/or signature via the method indicated above. I further certify that the client has the authority to execute the transaction.

Advisor Signature	Print Name	Date
-------------------	------------	------

Custodian Acceptance – Firm Use Only

Be advised that First Clearing accepts appointment as Successor Custodian

_____ Successor Custodian Signature	_____ Date
_____ Contact	_____ Phone

Email, fax or mail completed forms to:

transfers@tradepmr.com

352-224-1342

PO Box 358230, Gainesville, FL 32635

Signature Guarantee

DELIVERING INSTRUCTIONS

(FOR USE BY DELIVERING FIRM)

Receiving Firm Information: FIRST CLEARING ONE NORTH JEFFERSON AVENUE ST. LOUIS, MO 63103	Tax ID Number: 23-2384840 – First Clearing Retail and IRA
---	--

Delivery Instructions *(All deliveries MUST include the client name and First Clearing account number.)*

Wire Instructions	Wells Fargo Bank 420 Montgomery Street, San Francisco, CA 94104 ABA 121000248 Beneficiary: First Clearing; 1 North Jefferson, St. Louis, MO 63103 Account #: 4122023377 Further Credit: Client Name, 8-digit brokerage account number
All DTC Eligible Securities	DTC #: 0141 Client Name and Client Account Number
Physical Deliveries	FIRST CLEARING Attn: Physical Transfer – H0006-091 One North Jefferson Avenue St. Louis, MO. 63103 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 #10665 Further Credit to Client Account Number
Foreign Equities: (must notify Security Clearance in order for them to instruct)	JPMorgan Chase Bank A/C # CHASGBZLST Account of First Clearing Further Credit to Client Account Number
Forward Checks* to the Address Indicated *Must include Client Name and First Clearing Account Number.	FIRST CLEARING Attn: Cash Management – H0006-085 One North Jefferson Avenue St. Louis, MO 63103 Further Credit to Client Account Number
ACAT Mutual Fund Registration Instructions – First Clearing IRA	FIRST CLEARING FBO: Client Name and Client Account Number One North Jefferson Avenue St. Louis, MO 63103
Mutual Fund Broker-Dealer	First Clearing
Re-Registration Letter	Mail Original to: Agent on Record Send a copy to First Clearing: Fax to: 704-427-8372