

# 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	
Clearing Number:	DTCC – 0052 OCC - 0052
Account Number:	
Account Title:	
SSN:	
Account Type:	<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 _____
Receiving Firm Name:	COR CLEARING LLC
Receiving Firm Address:	1200 Landmark Center Ste. 800
Receiving Firm City, State, ZIP:	Omaha NE 68102-1916
Receiving Firm Phone Number:	402-384-6100

Delivering Account Information	
Clearing Number:	
Account Number:	
Account Title:	
SSN:	
Account Type:	<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 _____
Delivering Firm Name:	
Delivering Firm Address:	
Delivering Firm City, State, ZIP:	
Delivering Firm Phone Number:	

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

A. BROKERAGE ACCOUNT TRANSFER					
<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. MUTUAL FUND COMPANY TRANSFER IN KIND / LIQUIDATIONS - (* Indicates Required Field)					
- 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					
*Fund Name/Share Class		*Symbol	*Fund Name/Share Class		*Symbol
*Fund Account Number			*Fund Account Number		
*Transfer Instructions - Complete 1 or 2			*Transfer Instructions - Complete 1 or 2		
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 _____		
C. BANK OR CREDIT UNION TRANSFER – FOR RETIREMENT ACCOUNTS ONLY					
<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 _____					
D. ANNUITY LIQUIDATION					
<input type="checkbox"/> Full Liquidation (Surrender Charges may apply) <input type="checkbox"/> Partial Liquidation \$ _____					
E. TRANSFER AGENT TRANSFER					
	DESCRIPTION	SYMBOL/CUSIP	SHARE AMOUNT	*Note: 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. Unless otherwise indicated above, I authorize you to liquidate any nontransferable proprietary money market fund assets that are part of my account, and transfer the resulting credit balance to COR as the successor custodian. I understand that you will contact me with respect to the disposition of any other assets that are part of my account that are nontransferable or which cannot be held at COR. 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 COR as 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 all credit/debit cards and/or unused checks issued to me in connection with my securities account. I understand that by transferring my mutual funds to COR, all future correspondence concerning my mutual fund positions must be directed to COR. Furthermore, I acknowledge that while my fund positions are being held in street name with COR, I will not be able to have direct communication with the fund company concerning my account. Therefore, I authorize you to release any information relevant to this transfer to COR.

**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. If I am transferring an IRA and the IRA type indicated on my statement is different from the IRA I maintain at COR (e.g., Traditional IRA vs. Rollover IRA), I hereby authorize COR to commingle my IRA assets.

**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. The delivering firm may or may not charge a fee for this liquidation. I understand that the delivering firm may or may not assess account fees for the transfer and/or termination of my account with them.

**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. In the event that the instructions are not provided by the delivering broker or the dividend and/or capital gains distribution option requested is not available at COR, the instructions will default to reinvest (unless reinvestment is not available, in which case dividends and capital gains will be paid in cash and subject to any applicable taxes).

<b>SIGNATURES – ALL ACCOUNT HOLDERS MUST SIGN BELOW</b>		
Account Holder Signature ✕	Print Name	Date
Account Holder Signature ✕	Print Name	Date
Broker Signature	Broker Name/Rep ID	Date

<b>MEDALLION SIGNATURE GUARANTEE (FOR OFFICE USE ONLY)</b>	<b>MEDALLION SIGNATURE GUARANTEE (FOR OFFICE USE ONLY)</b>
------------------------------------------------------------	------------------------------------------------------------

**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.		
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.**

Account Holder Signature ✕	Account Holder Signature ✕
Account Holder Signature ✕	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**

Account Holder Signature ✕	Account Holder Signature ✕
-------------------------------	-------------------------------