



<input type="checkbox"/> Single Account	<input type="checkbox"/> Custodian Account	<input type="checkbox"/> Broker Change Only
<input type="checkbox"/> Joint Account	<input type="checkbox"/> Trust	<input type="checkbox"/> ACAT
<input type="checkbox"/> IRA	<input type="checkbox"/> Estate	<input type="checkbox"/> Non-ACAT Full
<input type="checkbox"/> Direct Rollover	<input type="checkbox"/> Corporate Account	<input type="checkbox"/> Partial
<input type="checkbox"/> Qualified/Profit sharing/ Pension	<input type="checkbox"/> Other	<input type="checkbox"/> Mutual Fund

## ACCOUNT TRANSFER FORM

**PLEASE BE SURE TO ATTACH A COPY OF THE LATEST STATEMENT OF THE ACCOUNT YOU ARE TRANSFERRING**

**1. Information about your account:** Person Financial #0158

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Account Title (The title must be identical to the title of the account you are transferring.)

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Firsttrade Account Number Social Security Number

**Information about the firm from which you are transferring:**

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Name of the Institution (Brokerage Firm, Mutual Fund Company or Bank) Account Number

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Address of the Institution

Institution Clearing Number (Person Financial will complete this)

**2. If you are transferring from another Brokerage Firm, please complete this section:**

Transfer all assets in my account (if you check this, there is no need to complete the remainder of this section).  
 Transfer only those assets listed below (please indicate below whether securities are to be liquidated or transferred in kind).\*

If you need additional space, simply provide the information requested below on a separate sheet of paper.

Security	Quantity	Liquidate/Transfer in Kind

\*MONEY MARKET FUNDS AND MOST PROPRIETARY MUTUAL FUNDS HELD AT BROKERAGE FIRMS CANNOT BE TRANSFERRED IN KIND. THESE MUST BE LIQUIDATED PRIOR TO TRANSFER.

**3. If you are transferring assets from a Mutual Fund Company, please complete this section:**

If you need additional space, simply provide the information requested below on a separate sheet of paper.

\_\_\_\_\_

Name of Fund

Person Omnibus Account  
(Person will complete this)

TYPE OF TRANSFER	(Check one)	<input type="checkbox"/> Transfer Shares in Kind*	or	<input type="checkbox"/> Liquidation
For In-Kind Transfer	(Check one)	<input type="checkbox"/> Transfer ALL shares	or	<input type="checkbox"/> Transfer _____ shares only
	(Check one)	<input type="checkbox"/> Reinvest my dividends	or	<input type="checkbox"/> Issue dividends in cash.
For Liquidation	(Check one)	<input type="checkbox"/> Liquidate ALL shares	or	<input type="checkbox"/> Liquidate _____ shares only

\*MONEY MARKET FUNDS AND MOST PROPRIETARY MUTUAL FUNDS HELD AT BROKERAGE FIRMS CANNOT BE TRANSFERRED IN KIND. THESE MUST BE LIQUIDATED PRIOR TO TRANSFER.

**4. If you are transferring from a Bank, please complete this section:**

**FOR CASH TRANSFERS:**

- Transfer all cash in my account or
- Transfer only \$ \_\_\_\_\_

**FOR CD TRANSFERS:**

- Liquidate AT MATURITY (Maturity date \_\_\_\_\_)
- Liquidate immediately. I am aware of and acknowledge the penalty I will incur from any early withdrawal

**5. If you are transferring to an IRA account, please check one of the following:**

- IRA transfer (you are transferring an existing IRA from another financial institution).
- Keogh Transfer (you are transferring an existing Keogh from another institution).
- Direct Rollover (you are transferring assets as part of an eligible distribution from a qualified retirement plan, e.g. from your employer).  
This distribution is reportable to the IRS.

**6. Please read this section and sign below:**

Please transfer the assets specified on this form to Penson Financial which has been authorized by me to make payment to you of the debit balance or to receive payment of the credit balance in my securities account. I understand that to the extent any assets in my securities account are not readily transferable, with or without penalties, such assets may not be transferred within the time frames required by the New York Stock Exchange rule 412 or similar rule of the National Association of Securities Dealers or other designated examining authority.

If this account is a qualified retirement account (such as company pension or profit-sharing plan), I have amended the applicable plan so that it names Penson Financial as successor custodian. If I am over 70 ½, 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.

Unless otherwise indicated in the instructions above, I authorize you to liquidate any nontransferable proprietary money market fund assets that are part of my securities account and transfer the resulting credit balance to the receiving organization. I understand that you will contact me with respect to the disposition of any other assets in my securities account that are nontransferable. If certificates or other instruments in my securities account are in your physical possession, I instruct you to transfer them in good deliverable form. Including affixing any necessary tax waivers, to enable such receiving organization to transfer them in its name for the purpose of sale, when and as directed by me. I further instruct you to cancel all open orders for my securities account on your books.

I affirm that I have destroyed or returned to you any credit/debit cards and/or unused checks issued to me in connection with my securities account.

Customer's Signature

Date

**X** \_\_\_\_\_

\_\_\_\_\_

Customer's Signature (For Joint Accounts, if Applicable)

Date

**X** \_\_\_\_\_

\_\_\_\_\_

**Letter of Authorization (Penson Financial Completes)**

To the prior trustee or custodian: Please be advised that Penson Financial will accept the above-captioned account as successor custodian.

Authorized Signature of Successor Custodian

Date

Date of Trust

**X**

**PLEASE BE SURE TO ATTACH A COPY OF THE LATEST STATEMENT OF THE ACCOUNT YOU ARE TRANSFERRING**