

Account # _____
Advisor # _____

1 ACCOUNT INFORMATION Clearing Number 0188

A. Account Name: _____
B. Social Security #: _____

2 CHECK AND LIST THE ACCOUNT YOU ARE TRANSFERRING FROM:

Broker Mutual Fund Bank/Other

Account Number: _____ Clearing # (TD AMERITRADE completes): _____

Name of Firm (Transferring From): _____ Address of Firm: _____

Name and Title of the Account as shown on your statement: _____

3 BROKERAGE FIRM TRANSFER (CHECK BOX FOR FULL OR PARTIAL TRANSFER FOR PARTIAL TRANSFERS. LIST DESCRIPTIONS OF ASSETS AND SHARES)

Full Transfer—To transfer entire account (including Mutual Funds, if any) check box and skip to Signature Section.
 Partial Transfer—List specific security—If a Mutual Fund Position, list in Mutual Fund Section so we receive all details.

Description of Asset (Partial transfers only)	Quantity (Indicate # of shares or "ALL")	Description of Asset (Partial transfers only)	Quantity (Indicate # of shares or "ALL")

4 MUTUAL FUND TRANSFER (PLEASE USE ONE FORM FOR EACH MUTUAL FUND COMPANY—I.E., T. ROWE, VANGUARD, ETC.)

Unless otherwise indicated, TD AMERITRADE will transfer all shares and reinvest your dividends and capital gains. I acknowledge that ineligible Proprietary Mutual Funds and all No-Load Money Market Funds can NOT be transferred in kind and must be liquidated by the delivering Broker.

Name of Fund	Fund Account #	Quantity (Indicate # of shares or "ALL")	Handling (Check one)		Credit Gains and Dividends as (Check one if transferring shares)	
			Transfer my shares	Sell my shares, transfer cash	Reinvested shares	Cash

5 BANK/OTHER. PLEASE FILL OUT THE APPLICABLE SECTION.

MONEY MARKET
Liquidate my Money Market.
Name of Fund: _____
 All Only \$ _____

CERTIFICATES OF DEPOSIT (CDs)
 Liquidate my CD IMMEDIATELY
(I acknowledge that I may incur a penalty.)
 Liquidate my CD AT MATURITY
Maturity date: _____
(Please submit 2-3 weeks before maturity date.)

ANNUITY/POLICY
 I have an Annuity or Life Insurance Policy that I wish to transfer.
Please redeem and terminate the contract or policy on my behalf.*

DIVIDEND REINVESTMENT PLAN
 I am transferring positions in physical certificate form and liquidating accumulated fractional shares.

*Additional forms may be required by Annuity or Insurance Company. Please contact the Annuity Company before a transfer request is made.



6 SIGNATURE(S): PLEASE READ AND SIGN THIS SECTION (A COPY OF YOUR LATEST STATEMENT IS REQUIRED)

If this account is a qualified retirement account, I have amended the applicable plan so that it names TD AMERITRADE Clearing, Inc. as a successor custodian. If I am over 70½, 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)(g) of the Internal Revenue Code.

Unless otherwise indicated in the instructions above, please transfer all assets in my account to TD AMERITRADE. 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 NYSE Rule 412 or similar rule of the FINRA or other designated examining authority.

Unless otherwise indicated in the instructions below, I authorize you to liquidate any non-transferable proprietary money market fund assets that are part of my account and the

resulting credit balance to TD AMERITRADE Clearing, Inc. 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.

Client's Signature: _____ Date: _____

Client's Signature if Joint Account: _____ Date: _____

7 DISCREPANCIES OF ACCOUNT NAME AND TYPE (OPTIONAL)

If the account that you are transferring is in an individual's name and your TD AMERITRADE account is a joint account, then each joint account owner must sign below. We hereby authorize a transfer from the individual account of _____ to the joint account at TD AMERITRADE for _____ and _____.

Joint Account Owner: _____ Date: _____

Joint Account Owner: _____ Date: _____

8 LETTER OF ACCEPTANCE FOR RETIREMENT PLANS (TD AMERITRADE COMPLETES)

To the prior trustee or custodian: Please be advised that TD AMERITRADE Clearing, Inc. will accept the above captioned account as successor custodian.

Successor Custodian

Authorized Signature: _____ Date: _____ Date of Trust: _____