

# Transfer of Assets: Contact and Delivery Instructions

PERSHING ADVISOR SOLUTIONS LLC

## CONTACT AND DELIVERY INSTRUCTIONS

### Contact

Customer Service: (877) 870-7230

### Send To

Pershing LLC  
One Pershing Plaza  
Jersey City, New Jersey 07399

### Tax Identification Number

13-2741729

## SPECIAL INSTRUCTIONS

**Include the Pershing Account Number on all documentation.**

### Checks

- Send qualified plan account checks to the attention of Pershing Advisor Solutions LLC, One Pershing Plaza, Jersey City, New Jersey 07399.
- Send non-qualified plan account checks to the attention of Pershing Advisor Solutions LLC, One Pershing Plaza, Jersey City, New Jersey 07399.

### Certificates

- Send certificates to the attention of Department S.

### Limited Partnership Documents

- Send limited partnership documents to the Non-ACAT Department.

### Depository Trust and Clearing Corporation (DTCC) and Eligible Securities and Options

- Instruct DTCC eligible securities and the Options Clearing Corporation eligible options to clearing broker number 0443. (Agent Bank Number - 94109 / Institutional Number - 94109)

### Federal Entry Securities

- Instruct federal entry securities, for instance, Treasury Notes, to BK OF NYC/PERSHING, ABA Number 021000018.

### Federal Funds Wires (Cash)

To transfer federal funds to Pershing, your clients must provide the following wire instructions to the financial organization that will be transmitting the funds on their behalf:

BANK: The Bank of New York  
ABA NUMBER: 021000018  
BENEFICIARY: Pershing LLC

ADDRESS: The Bank of New York  
1 Wall Street  
New York, NY 10286

BENEFICIARY ACCOUNT NUMBER: 890-051238-5

ULTIMATE BENEFICIARY:  
<Client's Brokerage Account Name>

ULTIMATE BENEFICIARY ACCOUNT NUMBER:  
<Client's Brokerage Account Number (i.e.: 123-456789-1)>

If any of the above information is missing, there may be a delay in crediting the account or the funds may be returned to the sender. With regard to incoming federal fund wires for retirement accounts for which Pershing LLC is the custodian or serving as agent, please notify the Customer Service Team, on any contribution-related deposits to ensure that the funds are coded properly for tax reporting.

### Foreign Securities

- Send all foreign securities to the Non-ACAT Department to set up instructions to receive the securities using Euroclear number 92146.

### Reject Letters

- Send all reject letters to the Non-ACAT Department.





STEP 4. SIGNATURE

Please read the below disclosure and contact your Investment Advisor should you have any questions. By signing below, I acknowledge that I have read and understood this form in its entirety.

To the Delivering Firm Named Above: If this account is a qualified retirement account, I have amended the applicable plan so that it names as successor custodian the trustee listed above. Unless otherwise indicated in the instruction above, please transfer all assets in my account to Pershing without penalties, such assets may be transferred within the time frames required by NYSE Rule 412 or similar rule of the NASD or other designated examining authority. Unless otherwise indicated in the instructions 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 the successor custodian. I authorize you to deduct any outstanding fees due to 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 to 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 the sale, when, and as directed to me. I understand that upon receiving a copy of this transfer information, 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 brokerage account. I understand that you will contact me with respect to the disposition of any assets in my brokerage account that are nontransferable.

Retirement Accounts. Age 70½ restrictions: If you are over the age of 70½, you attest that the amount to be transferred will not include the required minimum distribution (RMD) for the current year pursuant to Section 401(a)(9) of the Internal Revenue Code. Rollover Certification of employee: If applicable, by signing this form, you acknowledge that you have met the requirements for making a rollover and assume full responsibility for the rollover transaction and will not hold Pershing liable for any adverse consequences that may result. Due to the important tax consequences of rolling over funds or property, please contact a tax professional for advice.

Fees. The delivering firm may charge outgoing transfer, surrender fees or penalties to your account before transferring the assets to Pershing Advisor Solutions. Please contact the delivering firm for additional information regarding possible charges.

Selling/Surrendering/Liquidating Instructions. Please liquidate assets at the current Financial Institution prior to submitting this form. If liquidating assets, the market price is not guaranteed. You will receive the current market price after your transfer request is received, reviewed and determined to be in good order by Pershing Advisor Solutions and the delivering firm. Pershing Advisor Solutions is not responsible for market fluctuations or delays in the review process.

Annuities must be surrendered prior to transfer which could result in penalties, tax implications and/or loss of product features/benefits. Please contact the annuity to complete surrender or liquidation forms prior to submitting this form.

Certificate of Deposits (CDs) instructions are for transfers of retirement plans at banks/credit unions with CDs. Please contact your Financial Institution to stop any automated rollover reinvestments. Submit this form 2-3 weeks prior to maturity to ensure processing. Do not submit this form more than 30 days prior to maturity.

Direct Registration fractional share liquidations will be processed via check.

One and the Same Person Certification. Please only complete this section if the account owner of both accounts is the same person but the name on the delivering account and the name of the receiving account are not an exact match. Examples of discrepancies include name differences due to abbreviations and suffixes (Sr., Jr., etc.). By signing below, I certify that

(Print name on Pershing Advisor Solutions account)

and (Print alternate name)

are legally one and the same person.

Registration Differences (non-retirement accounts only). By signing below, I/we acknowledge the existence of any differences in account owners and/or account type between the account in Step 1 and the account in Step 2. Each individual who signs below is aware of these discrepancies and authorizes the transfer of assets as indicated on this form. Additional documentation may be required to effect transfers of assets between unlike accounts.

Account Owner Signature

Form with fields for Print Name, Date, and Signature. Includes a large 'X' mark in the signature field.

IMPORTANT: ALL OWNERS OF BOTH ACCOUNTS MUST SIGN AND DATE THE FORM.

INCLUDE A RECENT ACCOUNT STATEMENT COPY WITH THIS FORM TO ENSURE YOUR TRANSFER IS COMPLETED TIMELY.

Additional Account Owner Signature

Form with fields for Print Name, Date, and Signature. Includes a large 'X' mark in the signature field.

SIGNATURE GUARANTEED BY (FOR INTERNAL USE ONLY)

RETIREMENT ACCOUNTS LETTER OF ACCEPTANCE (FOR INTERNAL USE ONLY)

To the prior Trustee or Custodian: Please be advised that Pershing LLC will accept the above captioned account as successor custodian.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Transfer of Assets: Additional Assets (Optional)

PERSHING ADVISOR SOLUTIONS LLC

Account Number

Transfer my Assets from this Account Number	Name of Delivering Firm
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Please continue to list assets from Step 3, if applicable. Do not submit this page if requesting a full transfer on Step 3A.

## A. Brokerage Account, Trust Company, DRS/DRIP or Cash Transfer Instructions

Security Symbol or CUSIP	Transfer Amount	Security Symbol or CUSIP	Transfer Amount
	<input type="checkbox"/> All shares <input type="checkbox"/> Transfer only _____ number of shares		<input type="checkbox"/> All shares <input type="checkbox"/> Transfer only _____ number of shares
	<input type="checkbox"/> All shares <input type="checkbox"/> Transfer only _____ number of shares		<input type="checkbox"/> All shares <input type="checkbox"/> Transfer only _____ number of shares
	<input type="checkbox"/> All shares <input type="checkbox"/> Transfer only _____ number of shares		<input type="checkbox"/> All shares <input type="checkbox"/> Transfer only _____ number of shares

## B. Mutual Fund Company Transfer Instructions (Mutual funds held directly at the mutual fund company only.)

	Symbol or CUSIP	Fund Account Number	Number of Shares (choose one option only)	Dividend Option	Capital Gain
→ <i>Transfer as shares (in kind) the following mutual funds held directly at the mutual fund company.</i>			<input type="checkbox"/> All shares <input type="checkbox"/> Transfer only _____ number of shares	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest
			<input type="checkbox"/> All shares <input type="checkbox"/> Transfer only _____ number of shares	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest
			<input type="checkbox"/> All shares <input type="checkbox"/> Transfer only _____ number of shares	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest
			<input type="checkbox"/> All shares <input type="checkbox"/> Transfer only _____ number of shares	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest

	Symbol or CUSIP	Fund Account Number	Number of Shares (choose one option only)
→ <i>Sell the following mutual funds held directly at the mutual fund company and transfer as cash.</i>			<input type="checkbox"/> Sell all shares <input type="checkbox"/> Sell only _____ number of shares
			<input type="checkbox"/> Sell all shares <input type="checkbox"/> Sell only _____ number of shares
			<input type="checkbox"/> Sell all shares <input type="checkbox"/> Sell only _____ number of shares
			<input type="checkbox"/> Sell all shares <input type="checkbox"/> Sell only _____ number of shares

## C. Signatures

Account Owner Print Name	Date
Signature	
<b>X</b>	
Additional Account Owner Print Name	Date
Signature	
<b>X</b>	

SIGNATURE GUARANTEED BY (FOR INTERNAL USE ONLY)