# 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

BENFICIARY 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.

## **Transfer of Assets**

PERSHING ADVISOR SOLUTIONS LLC

#### **BEFORE SUBMITTING THIS FORM**

- Please ensure that the form has been signed and dated by all account owners of both accounts.
- Attach a copy of the most recent statement for the account that is being transferred. To avoid delays, please ensure all securities have either a cusip or symbol identified on the statement.
- To list more assets in Step 3, please use the Transfer of Assets: Additional Assets form.
- If the account titles or types do not match exactly, additional documentation may be required. Contact your Investment Advisor for guidance.
- For a non-retirement checking or savings account at a bank, please do not complete this form. Deposit a check payable to Pershing, LLC or submit a fed fund wire.

| pount Type -Retirement Individual  | ☐ Inherited IRA ☐ Inherite             | STATEMENT MUST BE PROVIDED WHEN SUBMITTING THE COMPLETED "TRANSFE OF ASSETS" FORM. |
|--|--|--|
| count Type  -Retirement  Individual  | te Corporate/Business                  | SUBMITTING THE COMPLETED "TRANSFE OF ASSETS" FORM.                                 |
| -Retirement Individual   | ☐ Inherited IRA ☐ Inherite             | OF ASSETS" FORM.   |
| -Retirement Individual   | ☐ Inherited IRA ☐ Inherite             |  |
| ndividual  | ☐ Inherited IRA ☐ Inherite             | ed Roth IRA  |
| rement raditional, SEP or Rollover IRA Roth IRA SIMPLE IRA Qualified/401k plan     | ☐ Inherited IRA ☐ Inherite             | ed Roth IRA  |
| raditional, SEP or Rollover IRA Roth IRA SIMPLE IRA Qualified/401k plan            |  | ed Roth IRA  |
| raditional, SEP or Rollover IRA Roth IRA SIMPLE IRA Qualified/401k plan            |  | ed Roth IRA  |
| Qualified/401k plan<br>Per   |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| P 2. TRANSFER FROM   |  |  |
|  |  | ADDRESS REQUIRED   |
| unt Number Name and Title of the Acc   | ount (as it appears on your statement) | FOR TRANSFER   |
| e of Delivering Firm   |  | REQUESTS FROM A BANK, CREDIT UNION,  |
| sor Denvering ( iiiii  |  | LIFE INSURANCE/  |
| ering Firm Address (Please enter a valid street address. P.O. Box not acceptable.) |  | ANNUITY, TRUST   |
|  |  | COMPANY OR MUTUAL FUND COMPANY.  |
| State  | Zip/Postal Code                        |  |
|  |  |  |
| e Email (optional)   |  |  |
|  |  |  |
| ount Type  |  |  |
| • •  |  |  |
| -Retirement  |  |  |
| ndividual 🗌 Joint 🗌 Trust 🗌 UGMA/UTMA 🗌 Esta                                       | te Corporate/Business                  |  |
| rement   |  |  |
| raditional, SEP or Rollover IRA Roth IRA SIMPLE IRA                                | Inherited IRA Inherite                 | ed Roth IRA  |
| Qualified/401k plan  | IIIIIeIIted IKA IIIIIeIIte             | EU KUTI IKA  |
|  |  |  |
| er   |  |  |



| Transfer of Assets PERSHING ADVISOR SOLUTIONS LLC  |  |   |   | Account Number   |   |                  |  |  |
|--|--|---|---|--|---|------------------|--|--|
|  | as specifi   | ed below (complete only   |   |  |   |                  |  |  |
| A. Brokerage, Tri Transfer ALL of DRS/DRIP Transf  | ust Comp<br>my assets<br>fers Only: If                             | pany, DRS/DRIP or Cas in kind—Full Transfer (sprequesting a full transfer, fragulated below in kind—Pa  | sh Transfer<br>skip to Step 4<br>ctional shares                   | Instructions (cho<br>1: Signature)<br>will be sold unless you  | oose one opti                                 |                  | TO TRANSFER AS CASH,<br>LIQUIDATE ASSETS AT<br>CURRENT FIRM PRIOR<br>TO SUBMITTING THIS  |  |
|  |  | Transfer Amount   |   | y Symbol or CUSIP  | Transfer Am                                   | ount             | FORM AND REQUEST A TRANSFER OF CASH ONLY.  |  |
| Cash All cash Only \$_   |  | ☐ All cash  | . Securit   | y Symbol of Cosir  | All shares Transfer only number of shares     |                  |  |  |
|  | ☐ All st☐ Trans  |   |   |  | ☐ All shares ☐ Transfer only number of shares |                  |  |  |
|  |  | ☐ All shares ☐ Transfer only number of shares   |   |  | ☐ All shares ☐ Transfer o                     | nly              |  |  |
| Mutual funds held  | directly at  | <ul> <li>Transfer Instructions</li> <li>the mutual fund compan</li> <li>the following mutual</li> </ul> | ny only.  | lirectly at the mutu   | ual fund comp                                 | oany:            |  |  |
| Symbol or CUSIP  | Symbol or CUSIP Fund Account Number                                |   |   | er of Shares<br>se one option only)                            | Dividend<br>Option                            | Capital<br>Gain  |  |  |
|  |  |   | ☐ Tra   | ☐ All shares ☐ Transfer only number of shares                  |   | ☐ Cash☐ Reinvest | IMPORTANT: UNLESS YOU INSTRUCT US OTHERWISE, WE WILL TRANSFER ALL SHARES   |  |
|  |  |   | ☐ Tra   | shares<br>Insfer only<br>mber of shares                        | ☐ Cash☐ Reinvest                              | ☐ Cash☐ Reinvest | IN THE ACCOUNT AND CAPITAL GAINS AND DIVIDENDS WILL  |  |
|  |  |   | ☐ Tra   | shares<br>Insfer only<br>Inber of shares                       | ☐ Cash☐ Reinvest                              | ☐ Cash☐ Reinvest | LIST ALL POSITIONS   |  |
| Sell the following   | mutual f   | unds held directly at th  | e mutual fu   | nd company and tr<br>Number of Shares                          | ansfer as cas                                 | h:               | INDIVIDUALLY. ONE FUND FAMILY PER FORM.  |  |
| Symbol or CUSIP  | Fund Ad  | ccount Number   |   | (choose one option   | only)   |                  |  |  |
|  |  |   |   | ☐ Sell all shares ☐ Sell only                                  | numbe   | er of shares     |  |  |
|  |  |   |   | Sell all shares Sell only                                      | numbe   | er of shares     |  |  |
|  |  |   |   | ☐ Sell all shares ☐ Sell only                                  | numbe   | er of shares     |  |  |
| Certificates of Depo<br>which could result i<br>Liquidate CD on<br>Transfer cash fr<br>(if liquidating a | osit (CDs) in penaltie r surrende rom all CD t maturity ne penalty | -free portion of the annui  | only. All anni<br>loss of produ<br>nd transfer as<br>on this date | uities <b>must be surrer</b><br>uct features/benefits<br>cash. | ndered prior to                               |                  | PLEASE CONTACT THE ANNUITY COMPANY TO SUBMIT THEIR SURRENDER OR LIQUIDATION FORM PRIOR TO SUBMITTING THIS REQUEST. SUBMIT YOUR REQUEST |  |
| Choose one of t  | the follow   | ing: ALL ON n of CD/annuity immedia   | LY this amou  |  |   |                  | 30 DAYS PRIOR TO<br>MATURITY TO ENSURE   |  |

| <b>Transfer of Assets</b>      |
|--------------------------------|
| PERSHING ADVISOR SOLUTIONS LLC |

| Account Number |
|----------------|
|----------------|

#### **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 nar            | ne on Pershing Advisor Solutions account) |
|-----------------------|---|
| and                   |   |
|                       | (Print alternate name)                    |
| are legally one and t | he 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**

| Print Name Signature                 | Date  | OWNERS OF BOTH ACCOUNTS MUST SIGN AND DATE THE FORM.   |
|--------------------------------------|---|--|
| X Additional Account Owner Signature |   | INCLUDE A RECENT ACCOUNT STATEMENT COPY WITH THIS FORM |
| Print Name Signature                 | Date   —   —   —                                | TO ENSURE YOUR TRANSFER IS COMPLETED TIMELY.           |
| X                                    |   |  |
|                                      | MENT ACCOUNTS LETTER OF ACCEPTANCE (FOR INTERNA |  |

account as successor custodian.

# Transfer of Assets: Additional Assets (Optional)

PERSHING ADVISOR SOLUTIONS LLC

| Account Numb                                   | ber                      |   |  |  |   |                  |
|--|--------------------------|---|--|--|---|------------------|
| Transfer my Assets                             | from this Account Number | Name of Delivering Firm                       |  |  |   |                  |
|  |                          | p 3, if applicable. Do not sub                | , -                                    |  | ı Step 3A.  |                  |
| Security Symbol                                | or CUSIP                 | Transfer Amount                               | Security Symbol or                     | CUSIP                                    | Transfer Amo  | ount             |
|  |                          | ☐ All shares ☐ Transfer only number of shares |  |  | ☐ All shares ☐ Transfer of number of  | nly              |
|  |                          | ☐ All shares ☐ Transfer only number of shares |  |  | ☐ All shares ☐ Transfer only number of shares ☐ All shares ☐ Transfer only number of shares |                  |
|  |                          | ☐ All shares ☐ Transfer only number of shares |  |  |   |                  |
| B. Mutual Fun                                  | d Company Transfe        | er Instructions (Mutual fu                    | nds held directly at  Number of Shares | the mutual fund co                       | mpany only  Dividend  | .)<br>Capital    |
| <b></b>  | Symbol or CUSIP          | Fund Account Number                           | (choose one option o                   | nly)                                     | Option  | Gain             |
| Transfer as shares (in                         |                          |   | ☐ All shares ☐ Transfer only           | number of shares                         | ☐ Cash☐ Reinvest  | ☐ Cash☐ Reinvest |
| kind) the<br>following<br>mutual funds         |                          |   | ☐ All shares ☐ Transfer only           | number of shares                         | ☐ Cash☐ Reinvest  | ☐ Cash☐ Reinvest |
| held directly<br>at the mutual                 |                          |   |  | number of shares                         | ☐ Cash ☐ Reinvest   | ☐ Cash☐ Reinvest |
| fund company.                                  |                          |   | ☐ All shares ☐ Transfer only           | number of shares                         | ☐ Cash☐ Reinvest  | ☐ Cash☐ Reinvest |
|  | Symbol or CUSIP          | Fund Account Number                           |  | Number of Shares<br>(choose one option o |   |                  |
| Sell the following                             |                          |   |  | ☐ Sell all shares ☐ Sell only            | numbe   | er of shares     |
| mutual funds<br>held directly<br>at the mutual |                          |   |  | ☐ Sell all shares ☐ Sell only            | numbe   | er of shares     |
| fund company<br>and transfer<br>as cash.       |                          |   |  | ☐ Sell all shares ☐ Sell only            | numbe   | er of shares     |
|  |                          |   |  | ☐ Sell all shares ☐ Sell only            | numbe   | er of shares     |
| C. Signatures                                  |                          |   |  |  |   |                  |
| Account Owner Prin                             | nt Name                  |   |  | Date                                     |   |                  |
| Signature                                      |                          |   |  |  |   |                  |
| Additional Account                             | Owner Print Name         |   |  | Date                                     |   |                  |
| Signature                                      |                          |   |  |  |   |                  |
| X  |                          |   |  |  |   |                  |
| SIGNATURE GUA                                  | RANTEED BY (FOR INTER    | NAL USE ONLY)                                 |  |  |   |                  |
|  |                          |   |  |  |   |                  |