

Account # [REDACTED]

IV. PARTIAL TRANSFERS, DIRECT MUTUAL FUNDS AND LIQUIDATIONS

(If there are more than eight assets, attach a signed list to this form)

QUANTITY	ASSET DESCRIPTION	CUSIP*/SYMBOL	FUND ACCOUNT NUMBER	TRANSFER INSTRUCTIONS ¹	DIVIDEND OPTION ²	CAPITAL GAIN OPTION ²	ESTIMATED \$ VALUE
	JPM Tax Free Premier Sweep FD#92.04%	870994928		<input checked="" type="checkbox"/> Transfer in Kind <input type="checkbox"/> Liquidate	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	5001766.64
	JPM HY FD - SEL FD 358 5.37%	4812C0803		<input checked="" type="checkbox"/> Transfer in Kind <input type="checkbox"/> Liquidate	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	2704385.15
	Peabody Energy Corp Sr notes 7.58%	704549AE4		<input checked="" type="checkbox"/> Transfer in Kind <input type="checkbox"/> Liquidate	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	1363500
	JPM TR 1 Float Rate Inc FD Fund	48121L510		<input checked="" type="checkbox"/> Transfer in Kind <input type="checkbox"/> Liquidate	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	2057601.37
	PAYMENT Inc 10 1/4% May 15 2018	46262EAE5		<input checked="" type="checkbox"/> Transfer in Kind <input type="checkbox"/> Liquidate	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	445000
	JPM Chase & Co 7.9% PFD	46625HHA1		<input checked="" type="checkbox"/> Transfer in Kind <input type="checkbox"/> Liquidate	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	3337958.33
	BOFA Corp 8 1/8%	060505DT8		<input checked="" type="checkbox"/> Transfer in Kind <input type="checkbox"/> Liquidate	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	3389620.83
	Kindred Healthcare Inc 8 1/4	494580AB9		<input type="checkbox"/> Transfer in Kind <input type="checkbox"/> Liquidate	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	996250

¹ If you have requested a liquidation, your 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 the delivering firm. Pershing is not responsible for market fluctuations or delays in the review process. DRS items cannot be liquidated.

² If this is a mutual fund transfer and there is no dividend or capital gain option checked in the section above, Pershing will process this request as reinvest.

(FOR OFFICE USE ONLY: All transfers must be added to Pershing's transfer systems)

V. RETIREMENT PLAN RESTRICTIONS AND CERTIFICATIONS

Age 70½ restrictions: If you are at least the age of 70½ this year and you are transferring or rolling over assets from an IRA, qualified plan or 403(b) account, you may be required to take a minimum distribution (RMD) from your qualified plan or 403(b) account before rolling over your assets.

Rollover Certification of Employee: I understand the rules and conditions and I have met the requirements for making a rollover. Due to the important tax consequences of rolling over funds or property, I have been advised to see a tax professional. All information provided by me is true and correct and may be relied on by Pershing LLC. I assume full responsibility for this transaction and will not hold Pershing LLC liable for any adverse consequences that may result. I hereby irrevocably designate this contribution in funds or other property as a transfer or rollover contribution.

TO THE PRIOR TRUSTEE:

Pershing LLC accepts appointment as successor custodian.

Please be advised that _____ (Insert Firm Name) does hereby accept appointment as successor custodian.

SUCCESSOR CUSTODIAN'S SIGNATURE: _____ DATE: _____

VI. PARTICIPANT SIGNATURE AND CERTIFICATION

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.

CLIENT'S SIGNATURE: _____ DATE: _____

JOINT CLIENT'S SIGNATURE: _____ DATE: _____

Please attach your most recent brokerage account statement to process this account transfer.

INVESTMENT PROFESSIONAL'S NAME: _____

INVESTMENT PROFESSIONAL'S PHONE NUMBER: _____

SIGNATURE GUARANTEED BY: [Empty Signature Box]

CUSIP* belongs to its respective owner.