

Account



IV. PARTIAL TRANSFERS, DIRECT MUTUAL FUNDS AND LIQUIDATIONS

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

Table with 8 columns: QUANTITY, ASSET DESCRIPTION, CUSIP*/SYMBOL, FUND ACCOUNT NUMBER, TRANSFER INSTRUCTIONS*, DIVIDEND OPTION*, CAPITAL GAIN OPTION*, ESTIMATED \$ VALUE. Rows include US Dollar and PS US Gold Put assets.

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.

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 70 1/2 restrictions: If you are at least the age of 70 1/2 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.

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.

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: [Signature box]

CUSIP* belongs to its respective owner.