

# Letter of Authorization to Transfer Funds or Securities

Sub Firm #	BR Code	FA Code	Account Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(Office Use Only)

ACCOUNT INFORMATION	
Account Title	Purpose of Transfer – required for UTMA/UGMA, IRA, QRP accounts and Wire Funds

TYPE OF TRANSFER	
<input type="checkbox"/> <b>One Time Disbursement:</b> Any future requests will require a new Authorization form.	
<input type="checkbox"/> <b>Standing Instructions:</b> Requests for periodic transfers of a specific amount or transaction type and specific schedule or periodic transfers at the client's discretion with the amount not to exceed a specific threshold.	
Start Date: _____ Expiration Date*: _____ Frequency: _____ (weekly, monthly, etc.)	
*For standing instructions, if no expiration date is specified, transfers will continue until you revoke these instructions.	

ASSETS TRANSFERRED	
<input type="checkbox"/> <b>Funds Disbursement(s):</b> One-Time Amount: \$ _____ OR <input type="checkbox"/> All cash and money market OR <input type="checkbox"/> All Funds and Securities	
Periodic Amount: \$ _____ OR Not to exceed amount: \$ _____	
OR Transaction: (dividends/interest, sale proceeds, etc.) _____	

<b>Security Disbursement(s):</b> <input type="checkbox"/> All Securities OR <input type="checkbox"/> Listed below. If needed, attach additional Position Listings on a separate sheet.					
No. of Shares	Security Description	Symbol or CUSIP #	No. of Shares	Security Description	Symbol or CUSIP #

CASH AND/OR MONEY MARKET TO TRANSFER	
Enter the dollar amount of cash or money market to be transferred. \$ _____	<input type="checkbox"/> Transfer ALL cash and money market.

DISTRIBUTION INSTRUCTIONS <small>Deliver of shares is the only option available to IRA accounts using this form. The IRA Distribution Request form is also required.</small>			
<input type="checkbox"/>	<b>Deliver Shares or Funds:</b> <input type="checkbox"/> Intra-firm to Another Account <input type="checkbox"/> to Another Financial Firm	Account Title	Account Number
		Firm Name	Delivery Instructions
<input type="checkbox"/>	<b>Mail Check/Physical Certificate/DRS</b> <small>(A fee may apply)</small>	Payee/Recipient	Account Number
		Payee/Registrant's Address (include City, State, Zip Code & Country)	Registrant's SSN or Tax ID
<input type="checkbox"/>	<b>Wire Funds.</b> <small>(A fee may apply) (Domestic or Foreign)</small>	Bank Name	ABA Routing # (Domestic Only)
		Bank Address	Bank City
			Bank State
			Bank Country (Foreign Only)
		Name on Bank Account	Account Number
			Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings
		Recipient Name	Recipient Address (include City, State, Zip Code & Country - No PO Box or APO)
		Swift/BIC # Code (Foreign Only)	IBAN # (if applicable)
			Country/Local Routing Code (if applicable)
		Intermediary Bank Name	Account Number
	Intermediary Bank Information		
Special Instructions	Further Credit (if applicable)		
Foreign Currency Distribution: Send: (currency) _____ (in the amount of) _____	<input type="checkbox"/> Foreign Currency <input type="checkbox"/> US Dollar Equivalent		

CLIENT SIGNATURES (If required) <small>(Do not sign below unless you have read and understand all terms and conditions on page two.)</small>		
Signature 1 <b>X</b>	Name (Please Print)	Date
Signature 2 <b>X</b>	Name (Please Print)	Date
Signature 3 <b>X</b>	Name (Please Print)	Date

ASSOCIATE AND SUPERVISORY SIGNATURES		
The undersigned certifies that the account holder(s) authorized the terms of the transfer of funds and/or securities as described in this form. The undersigned further certifies that all handwritten portions of this document were filled in before account holder(s) signature(s) and that this document was not altered after being signed by account holder(s).		
Associate's Signature <b>X</b>	Associate's Name	Date
Qualified Supervisor's Signature <b>X</b>	Qualified Supervisor's Name	Date

Distribution Instructions:  
 1) FCC Copy - Forward to receptive Operations Section  
 2) Correspondent Firm - Retain in Office Files  
 3) Client Copy - Provide to Client

Credit - Journal Entry     Vault - a) Non-Negotiable    b) Re-Registration  
 Transfer - Special Registration

SR #
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**ALL ACCOUNT OWNERS OR PERSONS SIGNING ON BEHALF OF ACCOUNT OWNERS HEREBY AGREE TO THE FOLLOWING TERMS:**

In consideration of Introducing Broker accepting the instructions on the reverse side of this document, I hereby release and discharge Introducing Broker and its clearing firm, First Clearing, LLC "FCC" and their respective affiliates from any liability or claims in connection with the aforementioned instructions and agree to indemnify and hold Introducing Broker and FCC harmless against any losses from any action, claim, or demand of any person based upon Introducing Broker and/or FCC acting under these instructions.

For transfers to third party accounts of which you have no ownership interest, you agree that by signing this document that you are hereby irrevocably relinquishing all rights, title, and interest to the assets(s) listed on page one of this document.

I hereby acknowledge that I have read and understand the terms of this request to transfer assets and further acknowledge that the terms of this request are binding regardless of any other agreement(s) between myself and the recipient(s) of these assets.

***The following terms apply to transfers of assets from Qualified Retirement Plans:***

In consideration of Introducing Broker and FCC accepting the instructions on the reverse side of this document, I (the Plan Trustee(s)) represent that I have the authority to act on behalf of the Plan and on behalf of the Plan Administrator, if applicable, that the Plan, Plan Administrator, and the Plan Trustee hereby release and discharge Introducing Broker and FCC from any liability or claims in connection with these instructions and agree to indemnify and hold Introducing Broker and FCC harmless against loss from any action, claim, penalty or demand of any person (including without limitation, any participant or beneficiary under the Plan, the Internal Revenue Service, state or local taxing authority and any other governmental agency) based upon Introducing Broker and/or FCC acting under these instructions.

By signing this document, I represent to Introducing Broker and FCC for their reliance that this disbursement or transfer from the Plan's account, as described on page one of this document, either: (1) is not an "eligible rollover distribution," within the meaning of Section 402(c) of the Internal Revenue Code; or (2) is an "eligible rollover distribution," that is being transferred to the recipient's individual retirement account or to another qualified retirement plan. I acknowledge and agree that Introducing Broker and FCC may rely upon these representations in effecting the instructions of the signed.

BY SIGNING THE FIRST PAGE OF THIS DOCUMENT, THE UNDERSIGNED ACKNOWLEDGES THAT HE/SHE HAS READ AND UNDERSTANDS THE FOREGOING.