



PENSON FINANCIAL SERVICES, INC. CUSTOMER ACCOUNT TRANSFER FORM

Receiving Firm – Penson Financial Services, Inc. ("PFSI") – Clearing # 0234

1. Information about your account:

Title of Your Account:	
PFSI Account Number:	SSN / Tax ID:

**** Please attach a copy of your most recent statement for the account you are transferring to Penson.**

2. Information about the account you are transferring:

Title of Your Account:	
Account Number:	Name of Firm:
Address of Firm:	
City, State, ZIP	Broker Clearing No:

**** If your PFSI account is not the same type of account as the one you are transferring, you must complete the Letter of Authorization (Section 7) on the 2nd page of this form.**

3. Type of Transfer:

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Brokerage Firm Transfer (Transfer all assets in kind)
<input type="checkbox"/> Liquidate all assets and Transfer as cash
<input type="checkbox"/> Partial Transfer (Skip to Section 4)
<input type="checkbox"/> Mutual Fund Company Transfer (Skip to Section 5) | <input type="checkbox"/> Non-ACAT Transfer (Transfer all assets in kind)
<input type="checkbox"/> Liquidate annuity and transfer as cash
<input type="checkbox"/> Liquidate Certificates of Deposit IMMEDIATELY.
<small>(I am aware of and acknowledge the penalty for early withdrawal)</small>
<input type="checkbox"/> Transfer proceeds of Certificates of Deposit AT MATURITY (Submit transfer request 30 days prior to maturity). |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

4. Partial Transfer: (Please specify the assets you wish to transfer, Attach additional pages if needed)

Quantity	Assets Description / Symbol	Transfer (Select One)
		<input type="checkbox"/> Transfer In Kind <input type="checkbox"/> Liquidate
		<input type="checkbox"/> Transfer In Kind <input type="checkbox"/> Liquidate
		<input type="checkbox"/> Transfer In Kind <input type="checkbox"/> Liquidate
		<input type="checkbox"/> Transfer In Kind <input type="checkbox"/> Liquidate
		<input type="checkbox"/> Transfer In Kind <input type="checkbox"/> Liquidate

5. Mutual Fund Company Transfer: (Use a separate form for each mutual fund company)

Name of Fund Company:				
Name of Fund/Symbol/Cusip	Fund Account #	Transfer (Select One)	Future Dividend (Select One)	Future Capital Gains (Select One)
<input type="checkbox"/> Transfer In Kind <input type="checkbox"/> Liquidate		<input type="checkbox"/> ALL <input type="checkbox"/> # of Shares ____	<input type="checkbox"/> Reinvest <input type="checkbox"/> Pay in Cash	<input type="checkbox"/> Reinvest <input type="checkbox"/> Pay in Cash
<input type="checkbox"/> Transfer In Kind <input type="checkbox"/> Liquidate		<input type="checkbox"/> ALL <input type="checkbox"/> # of Shares ____	<input type="checkbox"/> Reinvest <input type="checkbox"/> Pay in Cash	<input type="checkbox"/> Reinvest <input type="checkbox"/> Pay in Cash
<input type="checkbox"/> Transfer In Kind <input type="checkbox"/> Liquidate		<input type="checkbox"/> ALL <input type="checkbox"/> # of Shares ____	<input type="checkbox"/> Reinvest <input type="checkbox"/> Pay in Cash	<input type="checkbox"/> Reinvest <input type="checkbox"/> Pay in Cash

6. Signature(s): (Please read and sign below)

If this account is a qualified retirement account, I have amended the applicable plan so that it names Penson Financial Services, Inc. (PFSI) as successor custodian. Unless otherwise indicated in the instructions above, please transfer all assets in my account to PFSI. I understand that to the extent any assets in my account are not readily transferable with or without penalties; such assets may not be transferred within the time frames required by NYSE Rule 412 or similar rule of FINRA or other designated examining authority.

I authorize you to liquidate any non-transferable proprietary money market fund assets that are part of my account and transfer the resulting credit balance to PFSI. I authorize you to deduct any outstanding fees due 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 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 into its name for the purpose of sale, when and as directed by me. I understand that upon receiving a copy of this transfer instruction, 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 securities account. I understand that you will contact me with respect to the disposition of any assets in my securities account that are non-transferable.

Primary Signature:	Date:	
Secondary Signature:	Date:	
		Medallion Signature Guarantee Program

Letter of Acceptance – To the prior custodian/Trustee: Please be advised that Penson Financial Services, Inc. ("PFSI") hereby accepts an appointment as successor custodian.

Successor Custodian/Trustee Authorized Signature:	Date:
Tax ID Number Successor Custodian:	Date of Trust:

7. Letter of Authorization: (Please complete if the type of account in Section 1 is different than Section 2.)

To: Penson Financial Services, Inc.: I hereby authorize the following transfer of assets:

Transfer From:

Delivering Firm: _____

Account Number: _____

Account Title: _____

Transfer To:

PFSI Account Number: _____

Account Title: _____

Investment Representative's Name _____ Office # _____ Rep # _____

I understand this transfer constitutes a change in ownership of the assets and that the new registered account holders will have exclusive rights to the assets.

Sincerely,

Primary Applicant Signature

Secondary Application Signature

*****Completion of this form does not guarantee acceptance by delivering Firm.**

For Broker Use Only – Transfer Instructions:

MAILING ADDRESS:

Penson Financial Services, Inc.
1700 Pacific Avenue, Suite 1400
Dallas, TX 75201-7322

TAX ID#:

56-1673990

INCOMING WIRE INSTRUCTIONS:

JP Morgan Chase
ABA 021000021
F/A Penson Financial Services
A/C #066-6-00030
FFC: Customer A/C # and Customer Name
CREST SECURITIES:
Penson Crest ID 08XHZ

DTC INSTRUCTIONS:

#0234 PFSI
FAO: Customer Acct #
(Penson accepts PTDs and PTRs)

NSCC INSTRUCTIONS:

NSCC# 0234 PFSI

FNMA/FREDDIES/US TREAS INSTRUCTIONS:

ABA 021000021
J.P. Morgan Chase NYC/Penson

MUTUAL FUND RE-REGISTRATION:

Penson Financial Services, Inc.
FBO: _____
1700 Pacific Avenue, Suite 1400
Dallas, TX 75201

GNMA INSTRUCTIONS:

MHBDC/Penson

AGENT ID/INSTITUTIONAL:

89331

PHYSICAL INSTRUCTIONS:

New York Window
55 Water St, 1ST Floor
A/C Penson Customer Acct #
New York, NY 10041

FOREIGN SECURITIES INSTRUCTIONS:

Bank of New York – Brussels
Euroclear # 10161