PFS INC PENSON FINANCIAL SERVICES INC.
MEMBER: NATIONAL SECURITIES CLEARING CORPORATION

Customer Account Transfer Form

Type of Transfer (Rep completes) ☐ Broker Change Only
☐ C = Cash/Margin ☐ I = IRA ☐ RI = Roth IRA
☐ ED = Education IRA ☐ Q = Qualified ☐ Full Transfer
☐ Futures ☐ R = Direct Rollover ☐ Partial Transfer

Information About Your Account: (Receiving Firm): Penson Financial (PFSI) PFSI Clearing No: 0234

Title of Your Account

Your PFSI Account Number	Your Social Security or Tax ID Number

Information About The Account You Are Transferring From:

Title of Your Account	Broker Clearing No.
Your Account Number	Name of Firm

Address of Firm

Complete This Section - If you are transferring from a Bank, Mutual Fund, Insurance Co. or Credit Union.

You are hereby requested to:

- ☐ Transfer all assets in kind (Note: Money Market funds must be liquidated and transferred as cash)
- ☐ Transfer proceeds of Certificates of Deposit AT MATURITY (Note: Submit this transfer no earlier than 30 days prior to maturity.)
- ☐ Liquidate annuity and transfer as cash
- ☐ Liquidate all assets and transfer as cash
- ☐ Liquidate Certificates of Deposit IMMEDIATELY. I am aware of and acknowledge the penalty I will incur from an early withdrawal.

Complete This Section - To effect a partial non - ACAT transfer by liquidating or transferring in kind.

Quantity	Description of Asset	May Attach Separate Lot If Necessary
		☐ Liquidate ☐ Transfer in Kind
		☐ Liquidate ☐ Transfer in Kind
		☐ Liquidate ☐ Transfer in Kind

To the carrying firm named above:

If this account is a qualified retirement account, I have amended the applicable plan so that it names Delaware Charter Guarantee & Trust (DCGT) 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 the NASD 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 in 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.

A copy of your most recent statement is requested to process this transfer.

Your Signature X	Date (must be completed)	Signature Guaranteed By
Joint Account Holder's Signature X		Medallion Signature Guarantee Program

Letter of Acceptance - To the prior Custodian/Trustee: Please be advised that Delaware Charter Guarantee & Trust hereby accepts an appointment as successor custodian.

SUCCESSOR CUSTODIAN/TRUSTEE AUTHORIZED SIGNATURE	DATE
TAX ID NUMBER SUCCESSOR CUSTODIAN	DATE OF TRUST

Please send all checks to ____________________ and

non - DTC eligible items to ____________________

RECEIVING ORGANIZATION CONTACT	TELEPHONE NUMBER
NAME **ACATS DEPARTMENT**	(214) 765-1007

FOR BROKER USE ONLY

MUTUAL FUND REGISTRATION INSTRUCTIONS NAME ADDRESS	TAX ID NUMBER

DIVIDEND AND CAPITAL GAINS OPTION

☐ REINVEST ☐ DIVIDEND/CAPITAL GAINS REINVEST ☐ ALL CASH ☐ ISSUE CERTIFICATE ☐ DEPOSIT TO NEW PLAN

DEPOSIT TO EXISTING PLAN____________________

BROKER INSTRUCTIONS (IF BROKER AGREEMENT EXISTS)
NAME
ADDRESS

REGISTERED REP. NAME	REGISTERED REP. NUMBER

BRANCH

SUBJECT TO THE BY LAWS AND THE RULES OF NSCC

DELIVERY FIRM

Revised 1/11/2000