



ACCOUNT TRANSFER REQUEST

Receiving Firm: Velox Clearing LLC

DTC Clearing Number: 3856

Instructions: Attach a completed copy of your most recent statement of the account you are requesting the transfer from. Email the completed form to dl-client.services@velox-global.com Attn: Client Services.

Transfer Type: Full Transfer Partial ACAT Non-ACAT Transfer

Unless otherwise indicated, Velox Clearing will transfer in Full

DATE _____

The registration of the account being transferred should match your Velox account and the Tax ID for both the Velox Clearing account and account being transferred.

Velox Clearing Account Information	
Account No.	Account Registration Title:
SSN/TAX ID	SSN/TAX ID(secondary, if applicable)
Account Type (select one)	
<input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Trust <input type="checkbox"/> Legal Entity <input type="checkbox"/> Corp	

Transferring Account Information	
Account No.	Account Registration Title:
Name of Firm	Broker Clearing No.
Firm Address	

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Partial Transfer Instructions *(This section is only required if client requests a partial transfer)*

_____ *Delivery in Kind* _____ *Liquidate*

	Quantity	Symbol	Cusip	Assets Description
1				
2				
3				
4				
5				

Velox Clearing Client Authorization: (Required)

Medallion Signature Guarantee Program

<p>Unless otherwise indicated in the instruction above, please transfer in-kind, all assets into my account with Velox Clearing LLC. 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 timeframes required by applicable regulations. I understand I will be contracted by the carrying and/or receiving firm regarding any assets that are not transferable. 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 Velox Clearing LLC. I authorize the transferor 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. I understand that upon receiving a copy of this transfer instruction, for a full account transfer, transferor will freeze my account and cancel all open orders for my account on your books. I affirm that I have destroyed or returned to the transferor all credit/debit cards and/or unused checks issued to me in connection with my account.</p>					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; padding: 5px;"><i>Client Signature:</i></td> <td style="padding: 5px;"><i>Date:</i></td> </tr> <tr> <td style="padding: 5px;"><i>Co-Owner's Signature:</i></td> <td style="padding: 5px;"><i>Date:</i></td> </tr> </table>	<i>Client Signature:</i>	<i>Date:</i>	<i>Co-Owner's Signature:</i>	<i>Date:</i>	
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<i>Co-Owner's Signature:</i>	<i>Date:</i>				
<p>Completion of this form does not guarantee acceptance by delivering firm.</p>					

LETTER OF ACCEPTANCE (FOR OFFICE USE ONLY)

The undersigned organization agrees to serve as successor custodian for the account of the above-named individual, and as custodian, we agree to accept the assets being transferred.

<i>Representative print name:</i>	<i>Representative Signature:</i>	<i>Date;</i>

*Please reference Schedule A – Velox Clearing Services Pricing for details on ACAT fees. DRS Transfers are \$50 plus a Service Transfer Agent Fee.