

# CUSTOMER ACCOUNT TRANSFER REQUEST



Receiving Firm – Apex Clearing Corporation (“Apex Clearing”) – Clearing #0158

|      |  |
|------|--|
| DATE |  |
|------|--|

| YOUR ACCOUNT INFORMATION   |                |
|--|----------------|
| ACCOUNT TITLE  |                |
| APEX CLEARING ACCOUNT NO.  | SSN/TAX ID NO. |
| Please attach a copy of your most recent statement for the account you are transferring to Apex. |                |

| TRANSFERRING ACCOUNT INFORMATION  |                     |       |     |
|---|---------------------|-------|-----|
| ACCOUNT TITLE   | BROKER CLEARING NO. |       |     |
| ACCOUNT NO.   | NAME OF FIRM        |       |     |
| FIRM ADDRESS  | CITY                | STATE | ZIP |
| If your Apex Clearing account is not the same type of account as the one you are transferring, you must complete the Letter of Authorization section. |                     |       |     |

| TRANSFER TYPE  |   |
|--|---|
| <input type="checkbox"/> BROKERAGE FIRM TRANSFER<br><i>(Transfer all assets in kind)</i>                       | <input type="checkbox"/> NON-ACAT TRANSFER<br><i>(Transfer all assets in kind)</i>  |
| <input type="checkbox"/> LIQUIDATE ALL ASSETS & TRANSFER AS CASH   | <input type="checkbox"/> LIQUIDATE ANNUITY & TRANSFER AS CASH   |
| <input type="checkbox"/> PARTIAL TRANSFER<br><i>(Skip to Partial Transfer section)</i>                         | <input type="checkbox"/> LIQUIDATE CERTIFICATES OF DEPOSIT IMMEDIATELY<br><i>(I am aware of &amp; acknowledge the penalty for early withdrawal)</i> |
| <input type="checkbox"/> MUTUAL FUND COMPANY TRANSFER<br><i>(Skip to Mutual Fund Company Transfer section)</i> | <input type="checkbox"/> TRANSFER PROCEEDS OF CERTIFICATES OF DEPOSIT AT MATURITY<br><i>(Submit transfer request 30 days prior to maturity)</i>     |

| PARTIAL TRANSFER  |                           |  |
|---|---------------------------|--|
| <i>(Please specify the assets you wish to transfer, Attach additional pages if necessary)</i> |                           |  |
| QUANTITY  | ASSETS DESCRIPTION/SYMBOL | TRANSFER <i>(Select One)</i>   |
|   |                           | <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 |

| MUTUAL FUND COMPANY TRANSFER                              |   |                  |             |   |   |
|---|---|------------------|-------------|---|---|
| <i>(Use a separate form for each Mutual Fund Company)</i> |   |                  |             |   |   |
| NAME OF FUND COMPANY                                      |   |                  |             |   |   |
| FUND NAME/SYMBOL/CUSIP                                    | TRANSFER  | FUND ACCOUNT NO. | # OF SHARES | FUTURE DIVIDEND   | FUTURE CAPITAL GAINS  |
|   | <input type="checkbox"/> Transfer In Kind<br><input type="checkbox"/> Liquidate |                  |             | <input type="checkbox"/> Reinvest<br><input type="checkbox"/> Pay In Cash | <input type="checkbox"/> Reinvest<br><input type="checkbox"/> Pay In Cash |
|   | <input type="checkbox"/> Transfer In Kind<br><input type="checkbox"/> Liquidate |                  |             | <input type="checkbox"/> Reinvest<br><input type="checkbox"/> Pay In Cash | <input type="checkbox"/> Reinvest<br><input type="checkbox"/> Pay In Cash |
|   | <input type="checkbox"/> Transfer In Kind<br><input type="checkbox"/> Liquidate |                  |             | <input type="checkbox"/> Reinvest<br><input type="checkbox"/> Pay In Cash | <input type="checkbox"/> Reinvest<br><input type="checkbox"/> Pay In Cash |
|   | <input type="checkbox"/> Transfer In Kind<br><input type="checkbox"/> Liquidate |                  |             | <input type="checkbox"/> Reinvest<br><input type="checkbox"/> Pay In Cash | <input type="checkbox"/> Reinvest<br><input type="checkbox"/> Pay In Cash |

# CUSTOMER ACCOUNT TRANSFER REQUEST

| SIGNATURE(S)   |  |                                       |
|--|--|---------------------------------------|
| <i>(Please read and sign below)</i>  |  |                                       |
| <p>If this account is a qualified retirement account, I have amended the applicable plan so that it names Apex Clearing Corporation ("Apex Clearing") as successor custodian. Unless otherwise indicated in the instructions above, please transfer all assets in my account to Apex Clearing. 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.</p> <p>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 Apex Clearing. 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.</p> <p>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-transferrable.</p> |  | MEDALLION SIGNATURE GUARANTEE PROGRAM |
| PRIMARY SIGNATURE<br>→   |  | DATE                                  |
| SECONDARY SIGNATURE<br>→   |  | DATE                                  |

| LETTER OF AUTHORIZATION  |                           |
|--|---------------------------|
| <i>(Please complete if the type of account in "Your Account Information" is different than the information in "Transferring Account Information")</i>            |                           |
| <b>To: Apex Clearing Corporation</b> – I hereby authorize the following transfer of assets:  |                           |
| TRANSFER FROM:   | DELIVERING FIRM NAME      |
|  | ACCOUNT NO.               |
|  | ACCOUNT TITLE             |
| TRANSFER TO:   | APEX CLEARING ACCOUNT NO. |
|  | ACCOUNT TITLE             |
|  | RECEIVING FIRM NAME       |
| 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. |                           |
| PRIMARY SIGNATURE<br>→   | DATE                      |
| SECONDARY SIGNATURE<br>→   | DATE                      |
| <b>Completion of this form does not guarantee acceptance by delivering firm.</b>   |                           |

|   |  |   |
|---|--|---|
| To the prior Custodian/Trustee: Please be advised that Apex Clearing Corporation ("Apex") hereby accepts an appointment as successor custodian.   |  | <b>OFFICE USE ONLY: LETTER OF ACCEPTANCE</b>  |
| SUCCESSOR CUSTODIAN/TRUSTEE AUTHORIZED SIGNATURE<br>→   | DATE   |   |
| SUCCESSOR CUSTODIAN TAX ID NO.  | DATE OF TRUST  |   |
| <b>CHECKS - MAIL, OVERNIGHT, OR DELIVERY</b><br>Apex Clearing Corporation<br>350 North St. Paul Street, Suite 1300<br>Dallas, Texas 75201<br>Attention: Banking Department<br><br><b>DOCUMENTS - REGULAR MAIL</b><br>Apex Clearing Corporation, c/o Broadridge<br>Attention: Imaging & Workflow Solutions<br>Post Office Box 1348<br>Brentwood, New York 11717-4627<br><br><b>DOCUMENTS - OVERNIGHT MAIL</b><br>Apex Clearing Corporation c/o Broadridge<br>Attention: Imaging & Workflow Solutions<br>115 Long Island Avenue<br>Edgewood, New York 11717<br><br><b>PHYSICAL CERTIFICATES</b><br>Apex Clearing Corporation<br>Securities Processing<br>350 North St. Paul Street, Suite 1300<br>Dallas, Texas 75201 | <b>GNMA:</b> ABA: 021000018/QUICK<br><br><b>TAX ID NUMBER:</b> 13-2967453<br><br><b>NSSC:</b><br>NSSC# 0158 Apex Clearing<br><br><b>FNMA/FREDDIES/US TREASURY</b><br>ABA: 021000018<br>Bank of New York/QUICK<br><br><b>AGENT ID/INSTITUTIONAL:</b> 89331<br><br><b>CREST SECURITIES</b><br>Apex Clearing Corporation<br>Crest ID 82XHJ<br><br><b>ALTERNATIVE INVESTMENTS RE-REGISTRATION</b><br>Apex Clearing Corp. c/o Broadridge<br>Attention: Alternative Investments Department<br>115 Long Island Avenue<br>Edgewood, New York 11717 | <b>INCOMING WIRE INSTRUCTIONS</b><br>BMO Harris Bank<br>111 West Monroe Street<br>Chicago, Illinois 60603<br>ABA: 071000288 / SWIFT: HATRUS44<br>Apex Clearing - Account 3713286<br>FFC: Customer Name and BPS A/C #<br><br><b>MUTUAL FUND RE-REGISTRATION</b><br>Apex Clearing c/o BPO<br>2 Gateway Center, 16 <sup>th</sup> Floor<br>283-299 Market Street<br>Newark, New Jersey 07102-5005<br>Attention: Account Transfer Department<br><br><b>DTC INSTRUCTIONS</b><br>#0158 Apex Clearing<br>FAO: Customer Account #<br>(Apex accepts PTD's and PTR's)<br><br><b>FOREIGN SECURITIES INSTRUCTIONS</b><br>Euroclear: #10403<br>Reference: Apex Clearing |
| <b>FOR BROKER USE ONLY – TRANSFER INSTRUCTIONS</b>  |  |   |