

## ACCOUNT TRANSFER FORM (ACAT)

A. STONEX ACCO	UNT INF <u>ORMATI</u>	ON					
	Cash/ Margin	IRA/Qualified	Simple IRA	Roth IRA	Beneficiary/ Inherited	IRA ESA	
			-				
StoneX Financial Inc. # 0750	Account Title						
	Account Number			S	SN or Tax ID		
<b>B. DELIVERING A</b>		IATION					
Provide information about the account you are transferring.	Name of Firm			Fi	rm Clearing Number A	ccount Number	
	Firm Address						
C. BROKERAGE A	CCOUNT TRANS	FER If applicable					
Provide information about how to transfer	Transfer my entire account in-kind Partial transfer (List assets below and attach additional forms if necessary)						
	Security Description or Cash			CUSIP o	r Ticker Symbol	Quantity	
your brokerage							
account assets.							
D. MUTUAL FUND	<b>TRANSFERS</b> If a	pplicable. Include a r	ecent statement wi	th this form.			
	Select One:	Liquidate Tr	ansfer in-kind	Select One:	Reinvest Dividends	Issue Cash Dividends	
	Security De	scription or Cash	CUSIP or T	icker Symbol	Fund Account #	Quantity	
Provide information about how to							
transfer your mutual							
fund holdings.							
E. BANK, SAVING		IT UNION, OR INS			le. Include a recent statem		
Provide information about how to transfer	Cash: All cash in acc	count	Certificates of De Liquidate im	•		Insurance Company Surrender: Full Surrender	
	Only \$	Journe		t maturity date*:		Partial Surrender \$	
holdings.	Only \$			vo weeks before maturi			
F. SIGNATURES							
	ted above please trans	fer all assets into my St	oneX Einancial Inc. ac	count Lhave authori	zed StoneX Financial Inc. to m	ake payment to you of	
the debit balance or to r	eceive payment of the c	redit balance in my sec			d account, I have amended the		
names StoneX Financia				101 A 101			
					uch assets may not be transfe d carrying organization will co		
the disposition of any as							
					y account and transfer the re- n my account to the extent ne		
obligation. If certificates	s or other instruments in	my account are in you	physical possession,	l instruct you to trans	sfer them in good deliverable	form, including affixing	
receiving a copy of this t					e, when and as directed by me	e. Tunderstand that upon	
I affirm that I have destr	oyed or returned to you	credit/debit cards and/	or unused checks issue	ed to me in connectio	on with my securities account.		
	-						
Associate Lander Cisperture				at Name	Data		
Account Holder Signature			Ph	int Name	Date		
					Date		
Additional Account Holder Signature			Pr	Print Name			
To the prior trustee or	rustodian: Places he at	wicod that Standy Eine	ncial lnc will accort	a above account as	successor sustadian		
is the prior dustee or (		INISCU LIUL STOLEA FILU	neitarine. wiii accept tr	ic above account ds			