



ACCOUNT TRANSFER FORM (ACAT)

A. STONEX ACCOUNT INFORMATION

StoneX Financial Inc. # 0750	Cash/ Margin	IRA/Qualified	Simple IRA	Roth IRA	Beneficiary/ Inherited IRA	ESA
	Account Title					
	Account Number				SSN or Tax ID	

B. DELIVERING ACCOUNT INFORMATION

Provide information about the account you are transferring.	Name of Firm		Firm Clearing Number	Account Number
	Firm Address			

C. BROKERAGE ACCOUNT TRANSFER *If applicable*

Provide information about how to transfer your brokerage account assets.	Transfer my entire account in-kind		Partial transfer (List assets below and attach additional forms if necessary)		
	Security Description or Cash	CUSIP or Ticker Symbol	Quantity		

D. MUTUAL FUND TRANSFERS *If applicable. Include a recent statement with this form.*

Provide information about how to transfer your mutual fund holdings.	Select One:	Liquidate	Transfer in-kind	Select One:	Reinvest Dividends	Issue Cash Dividends
	Security Description or Cash	CUSIP or Ticker Symbol	Fund Account #	Quantity		

E. BANK, SAVINGS & LOAN, CREDIT UNION, OR INSURANCE TRANSFER *If applicable. Include a recent statement with this form.*

Provide information about how to transfer holdings.	Cash:	Certificates of Deposit:	Insurance Company Surrender:
	All cash in account	Liquidate immediately	Full Surrender
	Only \$	Liquidate at maturity date*: <small>*Submit two weeks before maturity date.</small>	Partial Surrender \$

F. SIGNATURES

Unless otherwise indicated above, please transfer all assets into my StoneX Financial Inc. account. I have authorized StoneX Financial Inc. to make payment to you of the debit balance or to receive payment of the credit balance in my securities account. If this account is a qualified account, I have amended the applicable plan so that it names StoneX Financial Inc. as successor custodian.

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 FINRA 11870 or other designated examining authority. I understand that the above-indicated carrying organization will contact me with respect to the disposition of any assets in my account that are not transferable.

I further authorize you to liquidate any nontransferable proprietary money market funds assets that are part of my account and transfer the resulting credit balance to the custodian. I authorize you to deduct any outstanding fees due you; I authorize you to liquidate the assets in my account to the extent necessary to satisfy the 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.

Account Holder Signature	Print Name	Date
Additional Account Holder Signature	Print Name	Date

To the prior trustee or custodian: Please be advised that StoneX Financial Inc. will accept the above account as successor custodian.

Authorized Signer of StoneX Financial Inc.	Date
--	------