

# ACCOMMODATION TRANSFER AUTHORIZATION

## I. ACCOUNT INFORMATION

ACCOUNT TITLE: \_\_\_\_\_

ACCOUNT NUMBER: —

## II. ASSIGNMENT

I/We hereby authorize Pershing LLC to act in accordance with the following transfer instructions:

QUANTITY: \_\_\_\_\_

DENOMINATIONS (Optional): \_\_\_\_\_

DESCRIPTION: \_\_\_\_\_

\*(For new registered holder(s).

SOCIAL SECURITY NUMBER: —— or TAXPAYER IDENTIFICATION NUMBER —

REGISTER IN THE NAME OF: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

PROVINCE/COUNTY/SUBDIVISION: \_\_\_\_\_ COUNTRY: \_\_\_\_\_ ZIP/POSTAL CODE: \_\_\_\_\_

TELEPHONE NUMBERS: (Day) () — (Evening) () —

E-MAIL: \_\_\_\_\_

DELIVER TO: \_\_\_\_\_

W-9 ATTACHED? ☐ YES ☐ NO

## III. AUTHORIZATION AND SIGNATURE (NOTE: All persons named on the account are required to sign this Authorization form.)

I/We hereby confirm that I/we relinquish all rights hereto.

ACCOUNT OWNER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

JOINT ACCOUNT OWNER'S SIGNATURE: (If applicable) \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE GUARANTEED BY:

CUSIP® belongs to its respective owner.

