

ACCOMMODATION TRANSFER AUTHORIZATION

I. ACCOUNT INFORMATION

ACCOUNT TITLE: _____

ACCOUNT NUMBER:

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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:

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 or TAXPAYER IDENTIFICATION NUMBER

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REGISTER IN THE NAME OF: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____

PROVINCE/COUNTY/SUBDIVISION: _____ COUNTRY: _____ ZIP/POSTAL CODE: _____

TELEPHONE NUMBERS: (Day)

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 (Evening)

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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.



ACTF