

**A copy of the most recent statement for the transferring account **MUST** be attached to process this transfer.**

- Please complete and sign this Account Transfer Form. Mail original to above address (Do not fax).
- Please use a separate Account Transfer Form for each transferring account.
- Transferring accounts must have at least one matching lead or secondary account holder.
- Transfers from an individual account to a joint account or vice versa require a notary acknowledgement affixed on the transfer form or a notarized letter of authorization.

70 HUDSON STREET  
JERSEY CITY, NJ 07302-4599  
(E-MAIL) [support@datek.com](mailto:support@datek.com)  
(TELE) 1-800-U2-DATEK  
(WEB) [www.datek.com](http://www.datek.com)

**DATEK ACCOUNT INFORMATION**

Social Security/Tax ID # \_\_\_\_\_

Account Holder Name \_\_\_\_\_ Social Security/Tax ID # of Joint Tenant \_\_\_\_\_  
(as it appears on statement) (if applicable)

Account # \_\_\_\_\_ UserName \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
(for new accounts leave blank)

**PRIOR ACCOUNT/TRUSTEE INFORMATION**

Name of firm you are transferring from \_\_\_\_\_ Telephone # of Firm \_\_\_\_\_  
(as it appears on statement)

Account Name \_\_\_\_\_ Clearing # \_\_\_\_\_  
(if available)

Account # \_\_\_\_\_

**BROKERAGE ACCOUNT TRANSFER**

**Important:** Please attach a copy of your most recent monthly statement from the account you wish to transfer. If you do not indicate whether this is a full or partial transfer and the partial transfer section is not completed we will request a transfer of the entire account.

**Check to transfer the entire account to Datek**

**For partial account transfers only:** Please list each position and/or balance you wish to transfer to Datek. If you need more space you may attach an additional sheet. Please attach a copy of your most recent monthly statement from the account you wish to transfer.

<b>Quantity (shares or balance)</b>	<b>Description of Asset (security name, symbol, or "cash")</b>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

**MUTUAL FUND TRANSFER**

Complete this section if transferring funds held directly with a mutual fund company and indicate either "liquidate" or "transfer shares". For mutual fund partial transfers, please use one form per fund family. Requests to transfer money market funds will result in an automatic liquidation of the fund since money market funds cannot be accepted in-kind.

<b>Mutual Fund Family &amp; Fund Name</b>	<b>Mutual Fund Account #</b>	<b>Liquidate or Transfer Shares</b>	<b># of Shares or All</b>
1. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Retirement Account transfers (IRA, Defined Contribution Plans) require the additional completion of the IRA, Pension & Profit Sharing section below.

**IRA, PENSION & PROFIT SHARING TRANSFER INFORMATION**

Check prior account type if applicable.

IRA    Roth/Roth Conversion    Profit Sharing    Money Purchase Pension    SIMPLE

**AGREEMENT – Read and Sign**

Please transfer my entire securities account to the above-indicated receiving organization, unless otherwise indicated in the instructions above, which has been authorized by me to make payment to you of the debit balance or to receive payment of the credit balance in my securities account. I understand that to the extent any assets in my securities account are not readily transferable, with or without penalties, such assets may not be transferred within the time frames required by New York Stock Exchange Rule 412 or similar rule of the National Association of Securities Dealers or other designated examining authority. Unless otherwise indicated in the instruction above, I authorize you to liquidate any nontransferable proprietary money market fund assets that are part of my securities account and transfer the resulting credit balance to the receiving organization. I understand that you will contact me with respect to the disposition of any other assets in my securities account that are nontransferable. If certificates or other instruments in my securities account are in your physical possession, I instruct you to transfer them in good deliverable form, including affixing any necessary tax waivers, to enable such receiving organization to transfer them into its name for the purpose of sale when and as directed by me. I further instruct you to cancel all open orders for my securities account on your books. I affirm that I have destroyed or returned to you any credit/debit cards and/or unused checks issued to me in connection with the above-referenced securities account.

FOR RETIREMENT ACCOUNTS: I acknowledge that Delaware Charter Guarantee & Trust Company reserves the right to review all assets being transferred prior to final acceptance as successor trustee. I further acknowledge that if I am over 70 1/2 years old, I have taken my required distribution prior to the assets being transferred.

TO THE RESIGNING TRUSTEE: 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 to you, I authorize you to liquidate the assets in my account to the extent necessary to satisfy any outstanding fees due to you.

<b>X</b> Signature	Date	<b>X</b> Joint Signature (if applicable)	Date
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**FOR BACK OFFICE USE ONLY**

Successor Custodian Authorized Signature	Date
<b>TRANSFER TYPE:</b> <input type="checkbox"/> ACAT <input type="checkbox"/> Non-ACAT <b>ACCOUNT TYPE:</b> <input type="checkbox"/> CASH <input type="checkbox"/> MARGIN <input type="checkbox"/> IRA <b>Broker Change Only:</b> _____	iClearing No. 0544

## INSTRUCTIONS FOR DELIVERY FIRMS

### **DTC Eligible Securities**

Deliver to DTC Clearing Number 0544-Code 40

### **Physical Delivery of Securities**

iClearing LLC  
70 Hudson Street  
Jersey City, NJ 07302-4599

### **Checks (Non-IRA)**

Make payable to:

**Datek**  
FBO (Client's Name)  
P.O. Box 35999  
Newark, New Jersey 07193-5999

### **Checks (IRA)**

Make payable to:

**Datek**  
Attn: Cashiering - IRA Department  
P.O. Box 100  
Newark, New Jersey 07101-0100

- All Instructions Must Include the Client's Full Name  
and Datek Account Number •

**Please Call 1-800-U2-DATEK (823-2835)**  
**if there are any questions.**