



PENSON FINANCIAL SERVICES, INC.
MEMBER: NATIONAL SECURITIES CLEARING CORPORATION

Type of Transfer (Rep completes)		<input type="checkbox"/> Broker Change Only
<input type="checkbox"/> C = Cash/Margin	<input type="checkbox"/> I = IRA	<input type="checkbox"/> RI = Roth IRA
<input type="checkbox"/> ED = Education IRA	<input type="checkbox"/> Q = Qualified	<input type="checkbox"/> Full Transfer
<input type="checkbox"/> Futures	<input type="checkbox"/> R = Direct Rollover	<input type="checkbox"/> Partial Transfer

Customer Account Transfer Form

Receiving Firm - Penson Financial Services, Inc. ("PFSI")

PFSI Clearing No: 0234

1. Information About Your Account

Title of Your Account

Your PFSI Account Number	Your Social Security or Tax ID Number
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Information About The Account You Are Transferring From:

Title of Your Account	Broker Clearing No.
Your Account Number	Name of Firm
Address of Firm	

2. Transfer Instructions: This section must be completed

You are hereby requested to:

<input type="checkbox"/> Transfer all assets in kind (Note: Money Market funds must be liquidated and transferred as cash)	<input type="checkbox"/> Transfer proceeds of Certificates of Deposit AT MATURITY (Note: Submit this transfer no earlier than 30 days prior to maturity.)
<input type="checkbox"/> Liquidate all assets and transfer as cash	<input type="checkbox"/> Liquidate Certificates of Deposit IMMEDIATELY. I am aware of and acknowledge the penalty I will incur from an early withdrawal.
<input type="checkbox"/> Partial Transfer (Complete Section 2A below)	<input type="checkbox"/> Liquidate annuity and transfer as cash

2A. Complete this section for partial transfer only. Attach additional pages if needed.

Quantity	Description of Asset / Symbol	<input type="checkbox"/> Liquidate	<input type="checkbox"/> Transfer in Kind
		<input type="checkbox"/> Liquidate	<input type="checkbox"/> Transfer in Kind
		<input type="checkbox"/> Liquidate	<input type="checkbox"/> Transfer in Kind
		<input type="checkbox"/> Liquidate	<input type="checkbox"/> Transfer in Kind
		<input type="checkbox"/> Liquidate	<input type="checkbox"/> Transfer in Kind

To the carrying firm named above:

If this account is a qualified retirement account, I have amended the applicable plan so that it names Penson Financial Services, Inc. (PFSI) as successor custodian. Unless otherwise indicated in the instructions above, please transfer all assets in my account to PFSI. 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 NYSE Rule 412 or similar rule of the NASD or other designated examining authority.

I authorize you to liquidate any non-transferable proprietary money market fund assets that are part of my account and transfer the resulting credit balance to PFSI. 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 you, I authorize you to liquidate the assets in my account to the extent necessary to satisfy that 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. I understand that you will contact me with respect to the disposition of any assets in my securities account that are non-transferable.

3. A copy of your most recent statement is requested to process this transfer.

Your Signature X	Date (must be completed)	Signature Guaranteed By
Joint Account Holder's Signature X		Medallion Signature Guarantee Program

Letter of Acceptance - To the prior Custodian/Trustee: Please be advised that Penson Financial Services, Inc. ("PFSI") hereby accepts an appointment as successor custodian.

SUCCESSOR CUSTODIAN/TRUSTEE AUTHORIZED SIGNATURE	DATE
TAX ID NUMBER SUCCESSOR CUSTODIAN	DATE OF TRUST

Mutual Fund Dividend and Capital Gains Option

REINVEST
 DIVIDEND / CAPITAL GAINS REINVEST
 ALL CASH

DEPOSIT TO EXISTING PLAN _____