sterne agee

Account Transfer Form

(Please use a separate form for each account you transfer)

Please complete sections A and B and either C, D, or E. Sign Section F.

A. Information about your Sterne Agee account:

Account Title:	**Account Number:**	**SSN or Tax ID #**	**Sterne Clearing #** **0750**
Account Type: ☐ **IRA/Qualified** ☐ **Cash/Margin**			

B. Information about the account you are transferring:

Name of Firm:	**Account Number:**	**SSN or Tax ID #**	**Firm Clearing #;**
Firm Address:			

C. Brokerage or securities transfer. (Stock and bond transfers: please check appropriate box)

☐ Please 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 Transfer – Use a Separate Form for Each Fund Family -(Please send original with recent statement)

Name of Fund	Cusip or Ticker Symbol	Fund Account #	Quantity

Select One: ☐ Liquidate ☐ Transfer In-Kind	Select One: ☐ Reinvest Dividends ☐ Issue Cash Dividends

E. Bank, Savings & Loan, Credit Union, or Insurance Transfer (Please send original with recent statement.)

Check One: ☐ All Cash In Account ☐ Only $_____	Check One if Certificate of Deposit: ☐ Liquidate Immediately ☐ Liquidate at Maturity/Date: _____ Check one if Insurance Company Surrender: ☐ Full Surrender ☐ Partial Surrender$_____ (note amount to surrender)
If liquidate at maturity date, please submit 2 weeks before maturity date	

[1]F. Read and Sign this section:

If this account is a qualified account, I have amended the applicable plan so that it names Sterne, Agee & Leach, Inc. as successor custodian. Unless otherwise indicated above, please transfer all assets into my Sterne, Agee & Leach, Inc. account 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 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 FINRA 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 successor 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 holders signature:	Date:
Joint Account holder's signature:	Date:

To the prior trustee or custodian: Please be advised that Sterne, Agee will accept the above account as successor custodian:

Authorized Signer of Sterne, Agee:	Date:

Fax Brokerage Transfers to 205-414-3202

[1] Sterne Agee, 2 Perimeter Park South, Suite 100W, Birmingham, AL 35243