

# Electronic Transfer of Securities Authorization Form

Please complete this form to authorize the electronic transfer of securities between institutions. Once completed, print and sign this document.

## 1. Delivering Institution (Transferor)

Delivering Firm Name:

Account Number at Delivering Firm:

Account Title / Name:

DTC Participant Number (if known):

## 2. Receiving Institution (Transferee)

Receiving Firm Name:

Account Number at Receiving Firm:

Account Title / Name:

DTC Participant Number:

Contact Person Name:

Contact Phone Number:

## 3. Securities to be Transferred

Specify the details of the assets you wish to transfer. For mutual funds, please specify the share class.

| Security Description / Asset Name | Ticker Symbol / CUSIP | Quantity (Shares or All) |
|-----------------------------------|-----------------------|--------------------------|
| <input type="text"/>              | <input type="text"/>  | <input type="text"/>     |
| <input type="text"/>              | <input type="text"/>  | <input type="text"/>     |
| <input type="text"/>              | <input type="text"/>  | <input type="text"/>     |
| <input type="text"/>              | <input type="text"/>  | <input type="text"/>     |

## 4. Authorization and Signature

By signing below, I hereby authorize the delivering institution named above to transfer the securities listed in Section 3 to the receiving institution. I certify that I am an authorized signer on the delivering account.

Authorized Account Holder Name (Print):

Signature of Account Holder:  (Sign here after printing)

Date (MM/DD/YYYY):

Joint Account Holder Name (Print, if applicable):

Signature of Joint Account Holder:  (Sign here after printing)

Date (MM/DD/YYYY):