

Account Transfer Form

(Print Name of Broker/Dealer Firm)

YOUR SECURITIES DEALER HAS ENGAGED WEDBUSH SECURITIES ("WS") AS ITS CLEARING AGENT FOR CARRYING THIS ACCOUNT ON YOUR BEHALF PURSUANT TO A CORRESPONDENT BROKER AGREEMENT BETWEEN WS AND YOUR SECURITIES DEALER. ACCORDINGLY, WS WILL PROVIDE CASHIERING SERVICES; MONITOR COMPLIANCE OF CREDIT ACCORDING TO APPLICABLE RULES AND REGULATIONS AND WS POLICIES; PREPARE OR PROVIDE INFORMATION FOR TRANSACTION CONFIRMATIONS; PROVIDE PERIODIC ACCOUNT STATEMENTS; AND PROVIDE FOR THE DISSEMINATION OF PROXY, TENDER OFFER AND OTHER SIMILAR SHAREHOLDER'S MATERIALS. IN ADDITION, WS MAY PROVIDE, UPON SPECIFIC INSTRUCTIONS FROM YOUR SECURITIES DEALER, EXECUTION OF ORDERS AND/OR CERTIFICATE CLEARANCE. WS WILL NOT BE INVOLVED WITH OR HAVE RESPONSIBILITY FOR DECISIONS REGARDING TRANSACTIONS IN THIS ACCOUNT. YOUR SECURITIES DEALER IS RESPONSIBLE FOR ALL ACTIVITIES CONCERNING THIS ACCOUNT. INQUIRIES, COMPLAINTS, INSTRUCTIONS AND NOTICES OF ADDRESS CHANGE SHOULD BE DIRECTED PROMPTLY TO THE ATTENTION OF YOUR SECURITIES DEALER.

Type of Transfer

| | | | | |
|--|--|--|--|---|
| 1. (Check one) <input type="checkbox"/> Total Transfer <input type="checkbox"/> Partial Transfer NON-ACATS (List Assets) | 2. (Check one) <input type="checkbox"/> Cash/Margin <input type="checkbox"/> IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> Qualified Plan | 3. (Check one only) Complete Sections (WEDBUSH Completes) <input type="checkbox"/> Brokerage Transfer.....A, B, C, F <input type="checkbox"/> Bank/Insurance Transfer...A,B,C,D, F <input type="checkbox"/> Mutual Fund Transfer.....A, B, E, F | <input type="checkbox"/> ACAT <input type="checkbox"/> Non-ACAT Full <input type="checkbox"/> Partial <input type="checkbox"/> Mutual Fund <input type="checkbox"/> Broker Change <input type="checkbox"/> In-House | Webbush Securities Clearing Number 0103 |
|--|--|--|--|---|

A. Information About Your Account Maintained by Webbush Securities (Re: Receiving Firm)

| | |
|----------------|-----------|
| Account Title | |
| Account Number | SSN / TIN |

B. Information About the Account You Are Transferring (Re: Delivering Firm)

| | | |
|--------------|--|-----------------|
| Name of Firm | Account Number | Clearing Number |
| Firm Address | Account Title (Name and plan as it appears on statement) | |

C. Brokerage Firm Transfer

I wish to transfer my entire account (Skip to Section F)

I wish to transfer only the following assets from my account (Indicate assets below) Check here if assets come from a Qualified Plan

| Quantity or Cash | Description of Asset (Attach additional sheet, if necessary) | Action |
|------------------|--|--|
| | | <input type="checkbox"/> Liquidate & Transfer Proceeds <input type="checkbox"/> Transfer In-Kind |
| | | <input type="checkbox"/> Liquidate & Transfer Proceeds <input type="checkbox"/> Transfer In-Kind |
| | | <input type="checkbox"/> Liquidate & Transfer Proceeds <input type="checkbox"/> Transfer In-Kind |

D. Bank; Savings & Loan, Insurance Or Credit Union Transfer

| | |
|--|--|
| Cash Transfer <input type="checkbox"/> All cash in account <input type="checkbox"/> Only \$ _____ | CD/Annuity Transfer <input type="checkbox"/> Transfer/Registration (annuities only) <input type="checkbox"/> Liquidate IMMEDIATELY I acknowledge the penalty I will incur for early withdrawal. <input type="checkbox"/> Liquidate at MATURITY Maturity Date ____ / ____ / ____ <small>(Please submit 2-3 weeks before maturity date)</small> |
|--|--|

E. Mutual Fund Transfer (Please use a separate original form for each mutual fund company)

| | | |
|--|--|--|
| Name of Fund | | <input type="checkbox"/> Liquidate and Transfer Proceeds <input type="checkbox"/> Transfer/Registration |
| Dividend/Capital Gains Option <input type="checkbox"/> All Reinvest <input type="checkbox"/> All Cash <input type="checkbox"/> Dividend-Cash, Capital Gains Reinvest <input type="checkbox"/> Dividend-Reinvest, Capital Gains-Cash <input type="checkbox"/> Deposit to New Plan # _____ | Print name of Correspondent Broker/Dealer (Correspondent Broker/Dealer for which WMS acts as clearing broker) IE Name _____ IE # _____ | IRA/Qualified Registration Webbush Securities FBO _____ (Customer Name) Account # _____ (Webbush Account #) <b style="font-size: 1.2em;">Tax ID: 95-4323351 |

F. Please Sign This Section (Customer)

TO DELIVERING FIRM: IF THIS ACCOUNT IS A QUALIFIED RETIREMENT PLAN ACCOUNT, I HAVE AMENDED THE APPLICABLE PLAN SO IT NAMES WS AS SUCCESSOR CUSTODIAN. UNLESS OTHERWISE INDICATED IN THE ABOVE, PLEASE TRANSFER ALL ASSETS IN MY ACCOUNT TO WS. I UNDERSTAND THAT TO THE EXTENT ANY ASSETS IN MY ACCOUNT ARE NOT READILY TRANSFERABLE (WITH OR WITHOUT PENALTIES), SUCH ASSETS MAY TAKE A LONGER PERIOD OF TIME TO TRANSFER THAN THE STANDARD TIME FRAMES REQUIRED BY VARIOUS REGULATORY BODIES. WITH RESPECT TO NONTRANSFERABLE ASSETS, I AUTHORIZE YOU TO LIQUIDATE ANY NONTRANSFERABLE ASSETS THAT ARE PART OF MY ACCOUNT AND TRANSFER THE RESULTING CREDIT BALANCE TO WS. 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 INVESTMENTS 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 WS TO REGISTER 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 FORM, 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 THIS ACCOUNT. I UNDERSTAND THAT YOU WILL CONTACT ME WITH RESPECT TO THE DISPOSITION OF ANY ASSET IN THIS ACCOUNT WHICH IS NONTRANSFERABLE.

IMPORTANT: Please be sure to attach a complete copy of the latest statement of the account you are transferring to Webbush

| | | |
|---|--------------------------|---|
| X Customer Signature | Date (Must be completed) | (For WS Only – Medallion Signature Stamp) |
| X Joint Account Holder Signature | Date (Must be completed) | |

Delivering Firms: Please refer to the reverse side of this form for the delivery instructions

Webbush Securities Letter of Acceptance

Webbush Securities was approved as a non-bank custodian for IRA and Keogh assets on December 28, 1984. If this transfer involves a retirement account, we are prepared to accept this transfer of IRA/Keogh assets which is to be executed from fiduciary to fiduciary and will not place the participant in actual receipt of all or any part of their IRA/Keogh assets.

Successor Custodian Authorized Signature _____ / / _____
Month Day Year

WEDBUSH SECURITIES INC

Transfer of Account Delivery Instructions

Receiving Firm Information

| | | |
|-------------------|---|---|
| Name and Address: | Wedbush Securities Inc. 1000 Wilshire Blvd. Los Angeles, CA 90017 | 1) Tax ID Number 95-4323351 (Wedbush Custodial Retirement Account) 2) Tax ID Number 95-2495390 (Wedbush Omnibus Account) |
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Delivery Instructions

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|--------------------------|--|
| DTC Eligible Securities: | Deliver to DTC # 0103 FBO (Customer Name) Acct # Wedbush Acct #) |
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| Physical Delivery of Securities By Mail: | Home Office: Wedbush Securities Inc. Attn: Cashiering P.O. Box 30014 Los Angeles, CA 90030 | New York Office: Wedbush Securities Inc. 61 Broadway, 3 rd Floor New York, NY 10006 |
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| | | |
|---|--|---|
| Physical Delivery of Securities By Courier: | Home Office: Wedbush Securities Inc. Attn: Cashiering 1000 Wilshire Blvd., 8 th Floor Los Angeles, CA 90017 | New York Office: Wedbush Securities Inc. 61 Broadway, 3 rd Floor New York, NY 10006 |
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| | | |
|---|--|---|
| Mutual Fund & Limited Partnerships Re-Registration Instructions | Wedbush Securities Inc. Custodian FBO (Customer Name) Acct # (Wedbush Acct #) P.O. Box 30014 Los Angeles, CA 90030-0014 | 1) Tax ID Number 95-4323351 (Wedbush Custodial Retirement Account) 2) Tax ID Number 95-2495390 (Wedbush Omnibus Account) |
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|----------------------------|--|
| U.S. Treasury Obligations: | Bank of NYC / Wedbush ABA # 0210-0001-8 FBO (Customer Name) Acct # (Wedbush Acct #) |
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| GNMA (PTC) Instructions: | WEDWMC FBO (Customer Name) Acct # (Wedbush Acct #) |
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| Send Checks: | Wedbush Securities Inc. Attn: Cash Management P.O. Box 30014 Los Angeles, CA 90030-0014 | FBO (Customer Name) Acct # (Wedbush Acct #) |
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| | | |
|------------------|----------------------------------|---|
| Fed Wired Funds: | Bank of New York New York, NY | ABA # 021-000-018 Acct # 8540900001 Further Credit To: Wedbush Securities Inc. FBO (Customer Name) Acct # (Wedbush Acct #) |
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| Euroclear: | Acct # 99766 |
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**ALL DELIVERIES MUST INCLUDE CLIENT NAME
AND
WEDBUSH SECURITIES ACCOUNT NUMBER**

Account Transfers Department (213) 688-6760