

Client Account Transfer Additional Assets

Please use this form to list additional asset(s) for a partial transfer or Mutual Fund Direct Transfer and attach to the completed Client Account Transfer form.

Section 1 Account You Are Transferring From

This information is located on your statement.

From Account Number _____ **Name of Firm, Bank, or Mutual Fund Company you are transferring from** _____

Section 2 Bank, Brokerage Firm, or Trust Company

Complete Section 2 or Section 3 and return in conjunction with the completed Client Account Transfer form.

Quantity <i>Write ALL or Number of Shares</i>	Security Name, Symbol, or CUSIP <i>(Located on your current statement. The CUSIP is 9 characters long.)</i>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Section 3 Mutual Fund Company

Use one form per Mutual Fund Company.

Mutual Fund Account Number(s)	Transfer Instructions	Quantity <i>Write All, Number of Shares, or Dollar Amount</i>	Fund Name, Symbol, or CUSIP <i>Located on your current statement</i>	Cash Dividends/ Capital Gains <i>If not checked, it will default to reinvest</i>
_____	<input type="checkbox"/> In-Kind <input type="checkbox"/> Liquidate	_____	_____	<input type="checkbox"/>
_____	<input type="checkbox"/> In-Kind <input type="checkbox"/> Liquidate	_____	_____	<input type="checkbox"/>
_____	<input type="checkbox"/> In-Kind <input type="checkbox"/> Liquidate	_____	_____	<input type="checkbox"/>
_____	<input type="checkbox"/> In-Kind <input type="checkbox"/> Liquidate	_____	_____	<input type="checkbox"/>
_____	<input type="checkbox"/> In-Kind <input type="checkbox"/> Liquidate	_____	_____	<input type="checkbox"/>
_____	<input type="checkbox"/> In-Kind <input type="checkbox"/> Liquidate	_____	_____	<input type="checkbox"/>

Client Signature and Acknowledgement

All owners must sign, date, and return this form with the completed Client Account Transfer form.

Account Owner/Trustee Signature	Print Name	Date (mm/dd/yyyy)
X _____	_____	_____
Account Owner/Trustee Signature	Print Name	Date (mm/dd/yyyy)
X _____	_____	_____
Account Owner/Trustee Signature	Print Name	Date (mm/dd/yyyy)
X _____	_____	_____
Account Owner/Trustee Signature	Print Name	Date (mm/dd/yyyy)
X _____	_____	_____

Account(s) carried by First Clearing. First Clearing is a trade name used by Wells Fargo Clearing Services, LLC, a registered broker-dealer and non-bank affiliate of Wells Fargo & Company.