

ACAT - OPS0112003

AUTOMATED CUSTOMER ACCOUNT TRANSFER

Receiving Broker Clearing # 0309	PLEAS	E INDICATE TYPE	OFTRANSFER					
(Please use a separate form for each account you transfer.)	☐ Broker change only ☐ ACAT	☐ Broker☐ Non-A		☐ IRA ☐ Partial	☐ Rollover ☐ Keogh/Q	ualified Plan		
A. Information about your First S	Southwest Company a	ccount.						
Name (as it appears on your account	t)							
Account Number			Social Security	У				
B. Information about the account you				entomont)				
B. Illionnation about the account you	are transferring. (Flease	include a copy of y	our most recent st	atement.)				
Title of Account			Account Numb	ber				
Current Firm or Trustee			Delivering Bro	ker Clearing #				
Phone Number (Needed for Non-AC/	AT transfers only)							
☐ C. Brokerage or Securities	Transfer. (Please	check appropriate b	oox.)					
☐ I wish to transfer my entire acco			ges if necessary):					
Description of Asset Quantity (Partial transfers only) (# of shares or all)			Description of Asset (Partial transfers only)			Quantity (# of shares or all)		
			_					
			_					
			_					
D. Mutual Fund, Money Fund, Pro	oprietary Funds and L	imited Partnershi	ps:					
Name of Fund			Quantity		□	Liquidate	☐ In-Kind	
Name of Fund			Quantity		□	Liquidate	☐ In-Kind	
Name of Fund			Quantity		□	Liquidate	☐ In-Kind	
(Please see a Some Mutual Funds may not be trans	attached for registration in	,	ual Funds transferri	ing to FSW Co. will be	e held in a netwo	ork level 3 acct.		
E. Bank, Savings & Loan, Credit								
Liquidate all assets.				ficate of Deposit IMME			ا مرسود ما فالم	
☐ Transfer all cash in the account ☐			I am aware of and acknowledge the penalty I will incur for any early withdrawal Forward proceeds of Certificate of Deposit					
☐ Liquidate Annuity (Surrender po	licy if necessary)	<u> </u>	☐ AT MATURITY	<u> </u>	/	_		
F. Please read and sign this sect								
Unless otherwise indicated in the inst not readily transferable, with or withou designated examining authority.								
Unless otherwise indicated in the inst								
resulting credit balance to the receivin a credit balance or if the credit balance necessary to satisfy that obligation. I	e in the account is insuffic	ient to satisfy any o	utstanding fees due	e you, I authorize you	to liquidate the a	ssets in my acc	ount to the exter	
I affirm that I have destroyed or return	ned to you credit/debit ca	rds and/or unused	checks issued to n	ne in connection with	my securities a	ccount.		
Disposition of money market fund ass	sets other than liquidate a	nd transfer.						
Authorized Signature		Date	2nd Signature	if Joint		Da	te	
Letter of Acceptance (First Southw	est Company completes	8)						
Successor Custodian/Trustee			Successor Tru	ustee Authorized Sign	nature			
Rep Name:	Rep	#	Office #					