Wilson-Davis & Company-WD INVESTMENTS

236 So. Main St. - Salt Lake City, UT 84101 Or

PO Box 11587 Salt Lake City, Utah 84147

Member: Securities Investor Protection Corporation SiPC Member: Financial Industry Regulatory Authority (FINRA)

CUSTOMER SECURITIES ACCOUNT TRANSFER CASH/QUALIFIED ACCOUNTS INSTRUCTION

				DATE
RECEIVING FIRM CLEARING NUMBER		CARRYING FIRM CLEARING NUMBER		
RECEIVING FIRM ACCOUNT NUMBER		CARRYING FIRM ACCOUNT NUMBER		
ACCOUNT TITLE				
ACCOUNT TYPE	OCC RECEIVING CLEARING NO. TAX ID OR		TAX ID OR SO	OCIAL SECURITY NUMBER
RECEIVING FIRM NAME WILSON-DAVIS & CO PO BOX 11587, SALT LAKE CITY, UT 84147				
Please receive my entire securities account from the below indicated carrying organization and remit to it the debit balance or accept from it the credit balance in my securities account.				
CARRYING FIRM NAME				
ADDRESS .				
Please transfer my entire securities account to the above indicated receiving organization, 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 securities account are not readily transferable, with or without penalties, such assets may not be transferred within the time frames required by New York Stock Exchange Rule 412 or similar rule of the National Association of Securities Dealers or other designated examining authority.				
Unless otherwise indicated in the instruction below, I authorize you to liquidate any nontransferable proprietary money market fund assets that are part of my securities account and transfer the resulting credit balance to the receiving organization. I understand that you will contact me with respect to the disposition of any other assets in my securities account that are nontransferable. If certificates or other instruments in my securities account are in my physical possession, I instruct you to transfer them in good deliverable form, including affixing any necessary tax waivers, to enable such receiving organization to transfer them in its name for the purpose of sale, when and as directed by me. I further instruct you to cancel all open orders for my securities account on your books.				
I affirm that I have destroyed or returned to you any credit/debit cards and or unused checks issued to me in connection with my securities account.				
Instruction: Disposition of Money Market Fund Assets Other Than Liquidation and Transfer				
CUSTOMER SIGNATURE				DATE
CUSTOMER'S SIGNATURES IF JOINT ACCOUNT 1	2			DATE
It is suggested that a copy of the customer's most recent account statement be attached.				
RECEIVING ORGANIZATION CONTACT NAME: CORA POWELL				TELEPHONE NUMBER (801) 532-1313 EXT: 523
MUTUAL FUND REGISTRATION INSTRUCTIONS NAME: ADDRESS:	FOR BROKER U	ISE ONLY		TAX ID NUMBER
DIVIDEND AND CAPITAL GAINS OPTION REINVEST DIVIDEND/CAPITA REINVEST	AL GAINS 🗇 ALL	CASH 🔲 ISSUE C	CERTIFICATE	☐ DEPOSITTO NEW PLAN
DEPOSIT TO EXISTING PLAN:				
BROKER INSTRUCTIONS (IF BROKER AGREEMENT EXISTS) NAME:				
ADDRESS:				
REGISTERED REP. NAME				REGISTERED REP. NUMBER
BRANCH				