

AUTOMATED CUSTOMER ACCOUNT TRANSFER

Receiving Broker Clearing # 0309

PLEASE INDICATE TYPE OF TRANSFER

(Please use a separate form for each account you transfer.)

- | | | | |
|---|--|----------------------------------|---|
| <input type="checkbox"/> Broker change only | <input type="checkbox"/> Brokerage | <input type="checkbox"/> IRA | <input type="checkbox"/> Rollover |
| <input type="checkbox"/> ACAT | <input type="checkbox"/> Non-ACAT full | <input type="checkbox"/> Partial | <input type="checkbox"/> Keogh/Qualified Plan |

A. Information about your First Southwest Company account.

Name (as it appears on you account) _____
 Account Number _____ Social Security or Tax ID _____

B. Information about the account you are transferring. (Please include a copy of your most recent statement.)

Title of Account _____ Account Number _____
 Current Firm or Trustee _____ Delivering Broker Clearing # _____
 Phone Number (Needed for Non-ACAT transfers only) _____

C. Brokerage or Securities Transfer. (Please check appropriate box.)

- I wish to transfer my entire account. Skip to Section F Below.)
 Partial Transfers. Please transfer the following assets (attach additional pages if necessary):

Description of Asset (Partial transfers only)	Quantity (# of shares or all)	Description of Asset (Partial transfers only)	Quantity (# of shares or all)

D. Mutual Fund, Money Fund, Proprietary Funds and Limited Partnerships:

Name of Fund _____	Quantity _____	<input type="checkbox"/> Liquidate	<input type="checkbox"/> In-Kind
Name of Fund _____	Quantity _____	<input type="checkbox"/> Liquidate	<input type="checkbox"/> In-Kind
Name of Fund _____	Quantity _____	<input type="checkbox"/> Liquidate	<input type="checkbox"/> In-Kind

(Please see attached for registration instructions)

Some Mutual Funds may not be transferred to First Southwest Company. All Mutual Funds transferring to FSW Co. will be held in a network level 3 acct.

E. Bank, Savings & Loan, Credit Union, Insurance Company, Employers' Investment Plan

- | | |
|--|--|
| <input type="checkbox"/> Liquidate all assets. | <input type="checkbox"/> Liquidate Certificate of Deposit IMMEDIATELY. |
| <input type="checkbox"/> Transfer only \$ _____ | <input type="checkbox"/> I am aware of and acknowledge the penalty I will incur for any early withdrawal |
| <input type="checkbox"/> Transfer all cash in the account | <input type="checkbox"/> Forward proceeds of Certificate of Deposit |
| <input type="checkbox"/> Liquidate Annuity (Surrender policy if necessary) | <input type="checkbox"/> AT MATURITY ____/____/____ |

F. Please read and sign this section.

Unless otherwise indicated in the instructions above, please transfer all assets in my account to First Southwest Company. I understand that to the extent any assets are not readily transferable, with or without penalties, such assets may not be transferred within the time frames required by NYSE Rule 412 or similar rule of the NASD or other designated examining authority.

Unless otherwise indicated in the instructions below, I authorize you to liquidate any non transferable proprietary fund assets that are part of my account and transfer the resulting credit balance to the receiving organization. I authorize you to deduct any outstanding fees 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. I understand that upon receiving a copy of this transfer instruction, 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 my securities account.

Disposition of money market fund assets other than liquidate and transfer.

Authorized Signature _____ Date _____ 2nd Signature if Joint _____ Date _____

Letter of Acceptance (First Southwest Company completes)

Successor Custodian/Trustee _____ Successor Trustee Authorized Signature _____

Rep Name: _____ Rep # _____ Office # _____

