

ACCOMMODATION TRANSFER AUTHORIZATION

I. ACCOUNT INFORMATION

ACCOUNT TITLE: _____

ACCOUNT NUMBER: -

II. ASSIGNMENT

I/We hereby authorize Pershing LLC to act in accordance with the following transfer instructions:

QUANTITY: _____

DENOMINATIONS: (Optional) _____

DESCRIPTION: _____

TAXPAYER IDENTIFICATION NUMBER: (For new registered holder) - -

CUSIP® NUMBER: _____

REGISTER IN THE NAME OF: _____

MAILING ADDRESS: _____

CITY: _____

STATE: _____

PROVINCE/COUNTY/SUBDIVISION: _____

COUNTRY: _____

ZIP/POSTAL CODE: _____

TELEPHONE NUMBER: (Day) _____

(Evening) _____

E-MAIL: _____

DELIVER TO: _____

W-9 ATTACHED? YES NO

III. AUTHORIZATION AND SIGNATURE (NOTE: All persons named on the account are required to sign this authorization form)

I/We hereby confirm that I/we relinquish all rights thereto.

ACCOUNT OWNER'S SIGNATURE: _____

DATE: _____

JOINT ACCOUNT OWNER'S SIGNATURE: (If applicable) _____

DATE: _____

CUSIP® belongs to its respective owner.

SIGNATURE GUARANTEED BY:



ACCOMTRF