

Correspondent Name		Sub Number	Branch Code	RR Number
SAL Account Information				
Account Title		Account Number	SSN or Tax I.D. number	Sterne Clearing Number 0750
Account Type <input type="checkbox"/> IRA/Qualified <input type="checkbox"/> Cash/Margin				
Information for Account to be Transferred				
PLEASE BE PREPARED TO FURNISH A COPY OF THE LATEST ACCOUNT STATEMENT IF REQUESTED BY ACAT DEPARTMENT.				
Firm transferring account FROM		Account Number	SSN or Tax I.D. number	Firm Clearing Number
Firm Address				
THIS FORM AUTHORIZES THE TRANSFER OF ALL ASSETS CURRENTLY HELD IN THE ACCOUNT NUMBER LISTED IN THIS SECTION.				
If there are any assets in this account that are not to be transferred, use the Partial Account Transfer Form or contact the delivering firm regarding the disposition of those assets prior to submitting this form.				
NOTE: Most proprietary funds held at brokerage firms cannot be transferred in kind.				
Read and Sign This Section				
<p>If this account is a qualified account, I have amended the applicable plan so that it names Sterne, Agee & Leach, Inc. as successor custodian. Unless otherwise indicated above, please transfer all assets into my Sterne, Agee & Leach, Inc. account 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.</p> <p>I understand that to the extent any assets in my account 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. I understand that the above-indicated carrying organization will contact me with respect to the disposition of any assets in my account that are not transferable.</p> <p>I further authorize you to liquidate any nontransferable proprietary money market funds assets that are part of my account and transfer the resulting credit balance to the successor custodian. I authorize you to deduct any outstanding fees due you; I authorize you to liquidate the assets in my account to the extent necessary to satisfy the obligation. If certificates or other instruments in my account are in your physical possession, I instruct you to transfer them in good deliverable form, including affixing any necessary tax waivers, to enable the successor custodian to transfer them in its name for the purpose of sale, when and as directed by me. I understand that upon receiving a copy of this transfer instruction, you will cancel all open orders for my account on your books.</p> <p>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.</p> <p>Instructions: Disposition of Money Market Fund Assets Other Than Liquidate and Transfer _____</p>				
Account holder's signature			Date	
Joint Account holder's signature			Date	
Return completed form to your investment representative.				
To Be Completed by Sterne, Agee & Leach, Inc.				
LETTER OF ACCEPTANCE				
To the prior trustee or custodian: Please be advised that Sterne, Agee & Leach, Inc. will accept the above captioned account as successor custodian.				
Authorized Signature of Successor Custodian			Date	
OFFICE USE ONLY				
FAX COMPLETED FORMS TO (205) 414-3202				