



**CUSTOMER SECURITIES ACCOUNT TRANSFER
CASH/MARGIN INSTRUCTION**

DATE

RECEIVING FIRM CLEARING NUMBER (1) **0632** CARRYING FIRM CLEARING NUMBER (2)

RECEIVING FIRM ACCOUNT NUMBER (3) CARRYING FIRM ACCOUNT NUMBER (4)

ACCOUNT TITLE (5) ACCOUNT TYPE (6) **C** TAX ID OR SOCIAL SECURITY NUMBER

RECEIVING FIRM NAME
FISERV SECURITIES, INC.

ADDRESS
ONCE COMMERCE SQUARE, 2005 MARKET STREET, SUITE 1200, PHILADELPHIA, PA 19103

Please receive my entire securities account from the below indicated carrying organization and remit to 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 designation 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 of the disposition of any other assets in my securities account that are are non transferable. If certificates or other instruments in my securities account are in your 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 and credit/debit cards 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'S SIGNATURE DATE

CUSTOMER'S SIGNATURES IF JOINT ACCOUNT DATE

A copy of the customer's most recent account statement must be attached.

RECEIVING ORGANIZATION CONTACT NAME RULE 412 PROCESSING DEPARTMENT TELEPHONE NUMBER (215) 636-3062

FOR BROKER USE ONLY

MUTUAL FUND REGISTRATION INSTRUCTIONS NAME FISERV SECURITIES INC A/C CLIENT'S NAME ADDRESS ONE COMMERCE SQUARE, 2005 MARKET STREET, SUITE 1200, PHILA, PA 19103 TAX ID NUMBER 23-2257761

DIVIDENDS AND CAPITAL GAINS OPTION
 REINVEST DIVIDENDS / CAPITAL GAINS REINVEST ALL CASH ISSUE CERTIFICATE DEPOSIT TO NEW PLAN LIQUIDATE SHARES (SEND CHECK) TRANSFER IN KIND

DEPOSIT TO EXISTING PLAN

BROKER INSTRUCTIONS (IF BROKER AGREEMENT EXISTS)
NAME FISERV SECURITIES, INC.
ADDRESS ONE COMMERCE SQUARE, 2005 MARKET STREET, SUITE 1200, PHILADELPHIA, PA 19103

REGISTERED REP NAME REGISTERED REP NUMBER

BRANCH