

Use this form to transfer funds or assets from a similar-type account to your NuView account.

1 PERSONAL INFORMATION

Name (Your name as it appears in your plan) <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. _____		Social Security Number
Legal Address		City, State, Zip
Phone		NuView Account Number (if applicable)

2 CURRENT CUSTODIAN/TRUSTEE

Name of Custodian/Trustee		Account Number	
Phone Number	Is this an Inherited Account? <input type="checkbox"/> No <input type="checkbox"/> Yes Original Account Owner _____	Type of Account	<input type="checkbox"/> Traditional <input type="checkbox"/> Roth <input type="checkbox"/> SEP <input type="checkbox"/> Qualified Plan <input type="checkbox"/> HSA <input type="checkbox"/> ESA <input type="checkbox"/> SIMPLE
How would you like us to submit this transfer to your current custodian? (Please select one)	<input type="checkbox"/> USPS <input type="checkbox"/> Overnight Mail Address: _____ City, State, Zip _____	<input type="checkbox"/> Fax: _____ *To expedite your transfer, please submit your most recent account statement along with this form.	

3 TRANSFER DETAILS

<input type="checkbox"/> Transfer my entire account, in kind. (Skip to section 4) <input type="checkbox"/> Transfer only the cash and/or assets listed below.	Transfer cash via: <input type="checkbox"/> Check <input type="checkbox"/> Wire Cash: \$ _____
Asset/Security Name	Number of Shares/Units

4 SIGNATURE AND ACKNOWLEDGEMENT

1. I hereby agree to the terms and conditions set forth in this Account Asset Transfer Authorization and acknowledge having established a self directed account through execution of the account application.
 2. Custodial account holder confirms that this transfer does not include any illegal or impermissible investments under South Dakota or Federal law, including, but not limited to, holdings of marijuana or other illegal substances, illegal gambling, or illegal artifacts.
 3. I qualify for the account transfer of assets listed in Section 3, Transfer Details, and authorize such transactions.
 4. I understand the rules and conditions applicable to an Account Transfer.

Your Signature: _____

Date: _____

(Medallion Guarantee Stamp)