

AUTHORIZATION TO TRANSFER SECURITIES OR MONEY

Sub Firm #	BR Code	FA Code	Account Number
181	SA	SA02	[] - []

Please transfer the following cash and/or securities FROM: Purpose of transfer—required for UTMA/UGMA, IRA and QRP accts.
GIFT

Full Name or Account Title
[]

Securities to Transfer:		
No. of Shares	Security Description	Symbol or Cusip Number
[]	[]	[]
[]	[]	[]
[]	[]	[]
<input type="checkbox"/> ALL	ALL SECURITIES HELD IN ABOVE BROKERAGE ACCOUNT	

Cash and/or Money Market to Transfer.

Enter the dollar amount of cash/or money market to be transferred. \$ [] Transfer ALL cash and money market.

Type of Transfer. Select ONE option and provide the requested information. (IRA's eligible for first option only—for other options IRA Distribution Form must be used.)

<input checked="" type="checkbox"/>	Deposit or Journal to Brokerage Account. If Assets are being "rolled over" into an IRA, the Rollover Certification form must be attached.		
	Account Title ROMAN CATHOLIC DIOCESE OF JOLIET	Account Number 2496 - 9663	
<input type="checkbox"/>	Deliver Shares to Another Brokerage Firm.	Account Number	[]
	Account Title	Firm Name	DTC #
	[]	[]	[]
<input type="checkbox"/>	Issue a Physical Certificate.	Name	[]
	Registrant's Address	Registrant's SSN or Tax ID	
	[]	[]	
	City	State	Zip
	[]	[]	[]
	Address (if different from Registrant's address)		
	[]	[]	
	City	State	Zip
	[]	[]	[]
<input type="checkbox"/>	Mail Check.	Payable to:	[]
	Street Address	[]	
	[]	[]	
	City	State	Zip
	[]	[]	[]
<input type="checkbox"/>	Wire Federal Funds.	Bank Name:	[]
	Bank Location. City	State	Country
	[]	[]	[]
	Further Credit (if applicable)	Bank ABA#	Bank Account No.
	[]	[]	[]
	Account Title	Bank Contact	Phone
	[]	[]	[]
	Special Instructions		
	[]		

Please read the Terms and Conditions on the back of this document carefully. Do not sign this document unless it is complete and you understand its terms. (All account owners must sign. If assets are coming from QRP, Plan Trustee(s) must sign.)

Signature 1	Name	Date
	[]	[] / [] / []
Signature 2	Name	Date
	[]	[] / [] / []
Signature 3	Name	Date
	[]	[] / [] / []
Financial Advisor's Signature	Branch Manager's Signature	
[]	[]	

Distribution Instructions:
 1) FCC Copy - Forward to receptive Operations Section Credit - Journal Entry Vault - a) Non-Negotiable b) Re-Registration Transfer - Special Registration
 2) Correspondent Firm - Retain in Office Files
 3) Client Copy - Provide to Client

ALL ACCOUNT OWNERS OR PERSONS SIGNING ON BEHALF OF ACCOUNT OWNERS HEREBY AGREE TO THE FOLLOWING TERMS:

In consideration of Introducing Broker accepting the instructions on the reverse side of this document, I hereby release and discharge Introducing Broker and its clearing firm, First Clearing, LLC "FCC" and their respective affiliates from any liability or claims in connection with the aforementioned instructions and agree to indemnify and hold Introducing Broker and FCC harmless against any losses from any action, claim, or demand of any person based upon Introducing Broker and/or FCC acting under these instructions.

I hereby irrevocably relinquish all rights, title, and interest to the asset(s) listed on the reverse side of this document.

I hereby acknowledge that I have read and understand the terms of this request to transfer assets and further acknowledge that the terms of this request are binding regardless of any other agreement(s) between myself and the recipient(s) of these assets.

The following terms apply to transfers of assets from Qualified Retirement Plans:

In consideration of Introducing Broker and FCC accepting the instructions on the reverse side of this document, I (the Plan Trustee(s)) represent that I have the authority to act on behalf of the Plan and on behalf of the Plan Administrator, if applicable, that the Plan, Plan Administrator, and the Plan Trustee hereby release and discharge Introducing Broker and FCC from any liability or claims in connection with these instructions and agree to indemnify and hold Introducing Broker and FCC harmless against loss from any action, claim, penalty or demand of any person (including without limitation, any participant or beneficiary under the Plan, the Internal Revenue Service, state or local taxing authority and any other governmental agency) based upon Introducing Broker and/or FCC acting under these instructions.

By signing this document, I represent to Introducing Broker and FCC for their reliance that this disbursement or transfer from the Plan's account, as described on the front of this document, either: (1) is not an "eligible rollover distribution," within the meaning of Section 402(c) of the Internal Revenue Code; or (2) is an "eligible rollover distribution," that is being directly transferred to the recipient's individual retirement account or to another qualified retirement plan. I acknowledge and agree that Introducing Broker and FCC may rely upon these representations in effecting the instructions of the undersigned.

BY SIGNING THE REVERSE SIDE OF THIS DOCUMENT, THE UNDERSIGNED ACKNOWLEDGES THAT HE/SHE HAS READ AND UNDERSTANDS THE FOREGOING.