

ACCOUNT TRANSFER FORM

TRANSFERRING FCM *(The Firm Currently holding Customer's Account)*

Name of FCM _____ FCM: _____

Street Address _____ City/State/Zip _____

Name of Introducing Broker _____ Account Title(s) _____

Account Number(s) _____

IMPORTANT

Date the Account Transfer Form was sent and/or faxed to Transferring FCM: _____

Re: Transferring Customer Account to PFGBEST.

To the above named Transferring FCM: *(Customer check only one of the following paragraphs that apply)*

- Please be advised that I wish to transfer all open commodity positions, ledger balances, securities and other properties held by you in the above named account number(s) to the receiving firm.
- Please be advised that I wish to transfer only the following held by you, the transferring FCM, from the above named accounts to the receiving FCM: _____

If Transferring Cash by Check make payable to Peregrine Financial Group, Inc. or PFGBEST Cust. Seg. Acct., Credit to: *(Customer Name)*

Receiving FCM: **PFGBEST**
311 W. MONROE ST., STE 1300
CHICAGO, IL 60606

X _____
Customer Signature

Print Name Date

X _____
Customer Signature

Print Name Date

(Attach a copy of this page for additional signatures)