

## Transfer Account (ACAT) Form

Use this form to transfer securities and/or funds from another financial institution (i.e., brokerage, mutual fund company or bank) into a CL King & Associates ("CLKA") account.

To open a new CLKA account, please attach a completed application to this form.

Note: For Retirement accounts use the Principal Trust Company Transfer In Authorization Form

### 1. Account Information - Read about CL King & Associates' privacy policy at <http://www.clking.com>

The name(s) and title of the account being transferred should be identical to those on your CL King & Associates (CLKA) account. If they are not, be sure to complete Section 5 on page 2.

CL King & Associates ("CLKA") Account			Account Being Transferred (attach a copy of your most recent statement)	
Account Holder Name (First)	(Middle)	(Last)	Name of Firm Currently Holding Your Account	
Additional Account Holder Name (First)	(Middle)	(Last)	Your Account Number	DTC#
CLKA Account Number (If opening a new account, leave blank)			Name(s) and Title of Account Being Transferred (as shown on your statement)	
Social Security/Tax ID Number	Daytime Telephone Number		Transferring Firm's Telephone Number	

### 2. Transfer Instructions (Please complete only one of the following sections: A, B or C. If necessary, attach additional sheets with all account holders' signatures.)

#### A. Brokerage, Trust Company or Dividend Reinvestment Plan Account Transfer (Select the appropriate option.)

Transfer my entire account. (Check this box and skip to Section 3.)

Transfer only the following assets from my account. (Complete the table below and skip to Section 3.)

Description of Asset (partial transfers only) (money market, stocks, bonds, etc.)	Quantity* (number of shares or "ALL")	Description of Asset (partial transfers only) (money market, stocks, bonds, etc.)	Quantity* (number of shares or "ALL")

#### B. Mutual Fund Company Transfer (Complete table below. DO NOT complete this section if Section A is marked. Please use a separate Transfer Account (ACAT) Form for each mutual company.)

Description of Assets/ Name of Mutual Funds	Symbol	Quantity* (number of shares or "ALL")	Transfer of Assets (check one)^		Fund Account Number (if held at fund company)	Mutual Fund Dividend/Gain Option^^	
			In-Kind	Sell		Reinvestment	Cash

\*If Quantity is not specified, the entire position will be transferred.

^If In-Kind or Sell is not specified, the transfer will be processed In-Kind.

^^If the option to reinvest is available, and you do not specify otherwise, dividends and capital gains will be reinvested.

#### C. Bank or Credit Union Transfer (Select the appropriate option.)

Cash only:  All or  Partial \$ \_\_\_\_\_

Liquidate CD immediately and transfer cash. I am aware of and acknowledge any penalty I will incur from an early withdrawal.

Liquidate CD at maturity and transfer cash (submit 2-3 weeks before maturity date): \_\_\_\_\_  
(mm/dd/yyyy)

(continue to next page)

**3. To Delivering Firm:** Unless otherwise indicated in the instruction in Section 2 on previous page, please transfer all assets in my account to CL King & Associates (CLKA). 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 New York Stock Exchange Rule 412 or similar rule of the National Association of Securities Dealers or other designated examining authority. Unless otherwise indicated in the instruction in Section 2, I authorize you to liquidate any nontransferable proprietary money market fund assets that are part of my account, and transfer the resulting credit balance to the successor custodian. I understand that you will contact me with respect to the disposition of any other assets in my securities account that are nontransferable. I authorize you to deduct any outstanding fees due you from the credit balance in my account. 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 their 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. 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.

**Mutual Fund Dividends and Capital Gains (Account Transfers via ACAT Only):** I understand that my delivering broker may provide CLKA with mutual fund dividends and capital gains distribution instructions for each mutual fund position, so that CLKA may implement these instructions. In the event that the instructions are not provided by the delivering broker or the dividend and/or capital gains distribution option requested is not available at CLKA, the instructions will default to reinvest (unless reinvestment isn't available, in which case dividends and capital gains will be paid in cash).

**4. Authorization to Transfer** (All Account Holders are required to sign and date)

Important: Attach a complete copy of the most recent statement for each account being transferred to CL King & Associates.

By signing below, I acknowledge that I have read and I understand this form in its entirety.

**Signature(s) and Date(s) Required**

<b>X</b>		<b>X</b>	
Account Holder Signature	Date	Additional Account Holder Signature	Date

**5. Discrepancies of Account Name and Type** (Required if the account name(s) and/or type being transferred do not match CLKA account)

I/we hereby authorize the transfer of my/our account being held at the firm listed above registered as \_\_\_\_\_  
(Account Name(s)/type at delivering firm: First Name/Last Name/Joint account)

**Signature(s) and Date(s) Required**

<b>X</b>		<b>X</b>	
Account Holder Signature	Date	Additional Account Holder Signature	Date

**Receiving Firm Contact**

<b>Carrie Kane</b>	<b>518-431-3540</b>
--------------------	---------------------

Registered Representative Name:	Registered Representative Telephone Number:
---------------------------------	---