

Letter of Authorization (LOA)

Sub Firm #	BR Code	FA Code	Account Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(Office Use Only)

Section 1 Tell Us About Your Brokerage Account

Please complete all fields in this section.	Account Name(s) (e.g., John Doe, John and Mary Doe, the Doe Family Trust, etc.)
	Account Type (e.g., Individual, Joint, Trust, etc.)

Section 2 Tell Us About Your Transfer Request

If no selection is made, one-time disbursement is the default.	<input type="checkbox"/> One-Time Disbursement (Any future requests will require a new form.)
	Purpose for Transfer – required for UTMA/UGMA: _____
	<input type="checkbox"/> Standing Instruction (Periodic transfers at the client's discretion with the amount not to exceed a specific threshold.)
	<input type="checkbox"/> Recurring* (Only available for cash) *Automated transfer of a specific dollar amount or type
	Amount \$: _____ AND/OR Type(s) (dividends, interest, etc.): _____
Start Date: _____ Frequency (monthly, quarterly, etc.): _____	
Expiration Date or transfers will continue until you revoke: _____	

Section 3 Tell Us What You Want To Transfer

You may elect to distribute cash only, securities only, or both cash and securities.	<input type="checkbox"/> All Cash and Securities - does not include residuals			
	<input type="checkbox"/> All Cash and Securities - including 90 day cash residual transfer			
	<input type="checkbox"/> Cash \$: _____ or write in ALL			
	<input type="checkbox"/> Standing Instruction* Cash Not to Exceed Dollar Value \$ _____ *list securities below if applicable			
	<input type="checkbox"/> All Securities			
	<input type="checkbox"/> Only the securities listed below			
	<i>Need more space? Attach separate pages including Tax Lot Selections if applicable; any attachments must also be signed.</i>			
	Number of Shares/Contracts (or for standing instructions, list not to exceed quantity)	Security Description	Symbol or CUSIP	For standing instructions, provide maximum market value based on prior business day's closing value

*Account(s) carried by First Clearing. First Clearing is a trade name used by Wells Fargo Clearing Services, LLC, a registered broker-dealer and non-bank affiliate of Wells Fargo & Company.

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Section 4 Tell Us How You Want To Move Assets			
Time of completion varies based on account activity and method of distribution.	<input type="checkbox"/>	Move via Journal to another Account	
		8-Digit Account Number	Account Title
	<input type="checkbox"/>	Send shares to another Financial Firm	
		Receiving Account Number	Receiving Account Name
		Receiving Firm Name	Delivery Instructions
Checks cannot be mailed directly to the IRS or other taxing authorities. Check cannot be overnighted to a P.O. Box.	<input type="checkbox"/>	Check	
		<u>Payee Information – Make Check Payable To:</u>	
		Payee Name: _____	
		<u>Delivery Instructions - Mail to Address:</u>	
		Street Address	City
	State	Zip Code	Country (if outside of US)
	<input type="checkbox"/> Optional Memo Note: _____		

Section 5 Provide Signature(s) and Date		
The undersigned acknowledges that I/We have read this form in its entirety and understand and agree to be bound by this Letter of Authorization and the Terms and Conditions located on page 2.		
Account Owner/Trustee Signature X	Print Name	Date
Account Owner/Trustee Signature X	Print Name	Date

Office Use Only	Authorized Account Holder	Physically recognized the client	Confirmed by two pieces of identification (e.g., SSN, account information)
Verbal Instructions (Contingency Only)		<input type="checkbox"/>	
		<input type="checkbox"/>	

Terms and Conditions

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

For transfers to third party accounts in which you have no ownership interest, you agree that by signing this document that you are irrevocably relinquishing all rights, title, and interest to the asset(s) listed on this document. It is your responsibility to verify the accuracy and the legitimacy of the source of instructions provided by third parties, such as title companies, attorneys, accountants, and business associates, for transfers from your account.

I 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 me and the recipient(s) of these assets.

OFFICE USE ONLY: Associate and Supervisory Signatures		
The undersigned certifies that the account holder(s) authorized the terms of the transfer of funds and/or securities as described in this form.		
Associate's Signature X	Associate's Name	Date
Qualified Supervisor's Signature X	Qualified Supervisor's Name	Date