ACCOMMODATION TRANSFER AUTHORIZATION

ACCOUNT INFORMATION		
ACCOUNT TITLE:		
ACCOUNT NUMBER:		
ASSIGNMENT		
I/We hereby authorize Pershing LLC to act in	accordance with the follow	ving transfer instructions:
QUANTITY:		
DENOMINATIONS (Optional):		
DESCRIPTION:		
TAXPAYER IDENTIFICATION NUMBER (For current registered hol	older):	_
CUSIP® NUMBER:		
REGISTER IN THE NAME OF:		
MAILING ADDRESS:	CITY:	STATE:
PROVINCE/COUNTY/SUBDIVISION:	COUNTRY:	ZIP/POSTAL CODE:
TELEPHONE NUMBERS: (Day)	(Evening))
E-MAIL:		
DELIVER TO:	_	
W-9 ATTACHED? ☐ YES ☐ NO		
AUTHORIZATION AND SIGNATURE (NOTE: All person	ons named on the account are	required to sign this Authorization form
I/We hereby confirm that I/we relinquish all ri	ights hereto.	
ACCOUNT OWNER'S SIGNATURE:		DATE:
JOINT ACCOUNT OWNER'S SIGNATURE: (If applicable)		DATE:
SIGNATURE GUARANTEED BY:	1	
CUSIP® belongs to its respective owner.		

ACTE