

Transfer Initiation Form (TIF)

1
COMPLETE
FORM

INSTRUCTIONS

Complete this form, along with any additional documents, to transfer account assets to the new custodian/trustee. Failure to fully complete the form(s) or attach appropriate documents and any other documentation that is required by the delivering custodian, may result in a delay in the processing of your request for which the new custodian/trustee cannot be held accountable.

MAKE SURE YOU:

- Complete **ALL** required fields on this form
- Obtain **ALL REQUIRED SIGNATURES** and **SOCIAL SECURITY NUMBERS/TIN** by the required people.
- Affix the **MEDALLION GUARANTEE STAMP** on this form.
- Include a copy of the customer's **MOST RECENT STATEMENT**.

2
SUBMIT
FORM

Clearing through **SEI Private Trust Company**

CLEARING NUMBER 2663

3
TRANSFER
STATUS

WHAT HAPPENS NEXT?

SEI Private Trust Company will process your transfer request in a timely manner. Time frames for completion of transfers vary depending on types of assets to be transferred and the delivering Firm's agent in the Automated Customer Account Transfer Service (ACATS). Please reference the Pending Transfer screen within the SEI Wealth Platform to obtain a recent status on your transfer



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FORMS THAT ARE INCOMPLETE WILL BE RETURNED TO THE SENDER & DELAY TRANSFERS.

<p>RECEIVING ACCOUNT INFORMATION <i>as it appears on the SEI Wealth Platform</i></p> <p>ACCOUNT NUMBER</p> <p>ACCOUNT NAME</p> <p>PORTFOLIO NAME</p> <p>RECEIVING ACCOUNT TYPE <i>check one</i></p> <p> <input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Beneficiary IRA <input type="checkbox"/> Trust <input type="checkbox"/> Estate <input type="checkbox"/> Direct Rollover <input type="checkbox"/> Simple IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> Qualified Plan <input type="checkbox"/> Corporate <input type="checkbox"/> IRA <input type="checkbox"/> Other <i>(please specify)</i> </p>	<p>DELIVERING ACCOUNT INFORMATION <i>(transferring "from")</i></p> <p>FIRM NAME</p> <p>ACCOUNT NAME</p> <p>ACCOUNT NUMBER</p> <p>DELIVERING ACCOUNT TYPE SS# OR TAX ID #</p> <p>CONTACT NAME CONTACT TELEPHONE</p> <p>OVERNIGHT ADDRESS OF FIRM</p> <p>NOTE: A complete copy of the account's most recent statement must be included with this form to have the assets transfer.</p>
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<p>TRANSFER TYPE <i>check one</i></p> <p> <input type="checkbox"/> Full Account Transfer-in-Kind <input type="checkbox"/> Full Account Liquidation <input type="checkbox"/> Other (Complete Liquidation/ In-Kind Worksheet) </p>	<p>MUTUAL FUND DIVIDEND & CAPITAL GAIN OPTIONS <i>check one</i></p> <p> <input type="checkbox"/> Reinvest Both <input type="checkbox"/> Dividend Cash/Capital Gains Reinvest <input type="checkbox"/> Cash Both <input type="checkbox"/> Use account's Mutual Fund Reinvestment Preference (default) </p>	<p>TRANSACTION EXPLANATION SPTC Default: Received from (delivering Custodial Name) ACCT (Delivering Account Number)</p> <p>CUSTOM EXPLANATION <i>(maximum of 50 characters)</i></p>
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AGREEMENT AND SIGNATURES 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 the FINRA Rule 11870 of the Association's Uniform Practice Code or similar rule of another designated examining authority.

Unless otherwise indicated in the instruction above, I authorize you to liquidate any money market fund assets that are part of my account and to transfer the remaining balance, if any to the successor custodian/trustee. I also understand there might be outstanding fees as well as transfer or wire charges and possible debit balances in my account that must be paid to allow the transfer of my assets and closing of my account with you, and therefore authorize you to charge my account with you or the successor custodian/trustee to the extent necessary to satisfy those obligations, provided the total charge does not exceed \$500.00. 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/trustee to transfer them in its name for the purpose of sale, when and as directed by me.

Upon receiving a copy of this transfer instruction, the carrying organization will cancel all open orders for my account on its books.

If I attained age 70 1/2 prior to December 31, 2019 OR I attain age 72 on or after July 1, 2021, I attest that none of the amount to be transferred will be included my required minimum distribution (RMD) or the current year pursuant to Section 401(a)(9) of the Internal Revenue Code.

Signatures and SS#s or Tax ID#s Required for Processing

CLIENT/TRUSTEE NAME <i>please print</i>	CLIENT/TRUSTEE SIGNATURE	
DATE	SS# or Tax ID#	
JOINT CLIENT/CO-TRUSTEE NAME <i>please print</i>	JOINT CLIENT/CO-TRUSTEE SIGNATURE	
DATE	SS# or Tax ID#	

<p>SPTC Authorized Signature</p> <p>AUTHORIZED NAME <i>please print</i></p>	DATE
<p>Bank/Trust Company Representative</p> <p>AUTHORIZED SIGNATURE</p>	

Must be authorized to instruct Free Movement transactions at SEI Private Trust Company. The authorized signor hereby does accept the above account as successor custodian/trustee.



Transfer Initiation Form (TIF)

Liquidation/In-kind Worksheet

Use this form when completing a **partial transfer of assets in-kind** or **liquidating specific assets** only.
 Use a duplicate page if additional space is needed.

EACH WORKSHEET MUST BE SIGNED BY THE CLIENT(S) AND SIGNATURE GUARANTEED.

<p>RECEIVING ACCOUNT INFORMATION <i>as it appears on the SEI Wealth Platform</i></p> <p>ACCOUNT NUMBER</p> <p>ACCOUNT NAME</p>
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<p>DELIVERING ACCOUNT INFORMATION <i>(transferring "from")</i></p> <p>FIRM NAME</p> <p>ACCOUNT NUMBER</p>

Specific Quantity or ALL	Cost Basis	Tax Acq. Date	Asset ID	Security Description	Liquidate	Transfer In-Kind
ALL <input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
ALL <input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
ALL <input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
ALL <input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
ALL <input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
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ALL <input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
ALL <input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

Signatures Required for Processing

CLIENT\TRUSTEE NAME <i>please print</i>	CLIENT\TRUSTEE SIGNATURE	DATE
JOINT CLIENT\CO-TRUSTEE NAME <i>please print</i>	JOINT CLIENT\CO-TRUSTEE SIGNATURE	DATE

<p>MEDALLION GUARANTEE STAMP required for processing</p>
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SEI Private Trust

Counterparty Delivery Instructions

Choose the type of transfer, then follow the delivery instructions.

<p>DTC CLEARING NUMBER</p>	<p>SEI Private Trust Company DTCC Participant# 2663</p>		
<p>ACAT ELIGIBILITY</p>	<p>ACAT Participant # 2663</p>		
<p>DIVIDEND REINVESTMENT</p>	<p>Issue a certificate or set-up Dividend Reinvestment Services (<i>if eligible</i>) for whole shares. Please liquidate all fractional shares and stop dividend reinvestment.</p>		
<p>FOR ALL CASH, MONEY MARKETS & LIQUIDATIONS SEI will not accept money markets and/or cash reserve funds in-kind. IF APPLICABLE, PLEASE LIQUIDATE & SEND AS CASH.</p>	<table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top; width: 50%;"> <p>LIQUIDATION CHECKS: SEI Private Trust Company P.O. Box 781827 Philadelphia, PA 19178-1827</p> <p>Make Checks Payable to: SEI Private Trust Company FFC: SEI A/C # FBO: Client Name</p> </td> <td style="vertical-align: top; width: 50%;"> <p>FUNDS CAN BE WIRED TO: Wells Fargo Bank, NA 240 Montgomery Street San Francisco, CA</p> <p>ABA: 121000248 CR: 2020040610111 FFC: SEI A/C # FBO: Client Name</p> </td> </tr> </table>	<p>LIQUIDATION CHECKS: SEI Private Trust Company P.O. Box 781827 Philadelphia, PA 19178-1827</p> <p>Make Checks Payable to: SEI Private Trust Company FFC: SEI A/C # FBO: Client Name</p>	<p>FUNDS CAN BE WIRED TO: Wells Fargo Bank, NA 240 Montgomery Street San Francisco, CA</p> <p>ABA: 121000248 CR: 2020040610111 FFC: SEI A/C # FBO: Client Name</p>
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<p>MUTUAL FUND TRANSFERS SEI will not accept money markets and/or cash reserve funds in-kind. IF APPLICABLE, PLEASE LIQUIDATE & SEND AS CASH.</p>	<p><i>See attached mutual fund instructions. If no instructions attached, please contact:</i></p> <p>SEI Private Trust Company SEI Wealth Platform Free Movement Team /Hillside 3 One Freedom Valley Drive; Oaks, PA 19456 Team Line: 610-676-7896, Fax 484-676-3652 Email: GWSUSFREEMOVEMENTS@SEIC.COM</p>		
<p>PARTIAL TRANSFERS</p>	<p>SEI Private Trust Company is authorized to accept PTDs sent via the ACAT system for all mutual funds, equities and cash.</p>		
<p>PHYSICAL SECURITIES & BEARER ISSUES</p>	<p>SEI Private Trust Company Attention: Physicals One Freedom Valley Drive / Hillside 3 Oaks, PA 19456</p>		
<p>FEDERAL RESERVE BANK BOOK ENTRY (SECURITIES ONLY)</p>	<p>ABA Number: 042000013 FRB Mnemonic: US Bank N.A., Trust Sub Account: 1050/Trust For SEI Account # 001050985491 Further Party Info (or Free Text): SEI A/C #/Name</p>		
<p>OPTIONS DELIVERIES & LIMITED PARTNERSHIPS</p>	<p>At this time, SPTC does not accept these securities.</p>		

All deliveries must include the client's name and SEI Private Trust Company account number.

