

Account Transfer Form

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

Name of FCM _____

Street Address _____

City/State/Zip _____

Name of Introducing Broker Account Number(s) _____

Account Title(s) _____

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

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.)