



FREE DELIVERY REQUEST FORM

DATE	
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Instructions must be dated within 30 days from the date of receipt by Apex.

TRANSFER INFORMATION

Apex Clearing Account No.

Apex Clearing Account Name

	Symbol/CUSIP	Shares		Symbol/CUSIP	Shares
1			6		
2			7		
3			8		
4			9		
5			10		

Trade Date:

Settle Date

Receiving Firm DTC No.

Receiving Account No.

Receiving Account Name

Reason for Transfer

CUSTOMER AUTHORIZATION

Customer Signature

Joint Account Holder Signature

I/We agree to hold all parties acting on this request, including the introducing broker and Apex Clearing Corporation, and their respective agents and employees (hereinafter, collectively, "the parties") harmless from any and all claims, demands, proceedings, suits and actions and all liabilities, losses and expenses including without limitation those asserted by me, associated with actions taken by the parties due to instructions received from me in this request.

INVESTMENT ADVISOR AUTHORIZATION

Investment Advisor Approval:

Print Name

Title

Signature

Date

FOR INTERNAL USE ONLY

Registered Principal Approval:

Print Name

Title

Signature

Date

Compliance Officer Approval/Registered Principal Approval

Print Name

Title

Signature

Date

MUST BE SIGNED IN THE PRESENCE OF A NOTARY

Account Owner Signature

Date

Joint Account Owner Signature

Date

Notary Public

County of _____ }

State of _____ }

On this _____ day of _____, _____ before me personally came

_____ and _____ to me known and

known to me to be the individual(s) described in and who executed the foregoing instrument, and he/she/they duly acknowledge to that he/she/they executed the same.

Notary Public
[Seal]