

## Internal Transfer of Funds Request Form

Please note all sections must be completed in order to process your request.

ACCOUNT NAME:

ACCOUNT NUMBER:

CONTACT TELEPHONE / EMAIL:

### TRANSFER FUNDS FROM:

1. ACCOUNT NUMBER

TO ACCOUNT NUMBER

AMOUNT TO BE TRANSFERRED

CURRENCY OF TRANSFER

AMOUNT TO BE TRANSFERRED  
(IN WORDS)

2. ACCOUNT NUMBER

TO ACCOUNT NUMBER

AMOUNT TO BE TRANSFERRED

CURRENCY OF TRANSFER

AMOUNT TO BE TRANSFERRED  
(IN WORDS)

3. ACCOUNT NUMBER

TO ACCOUNT NUMBER

AMOUNT TO BE TRANSFERRED

CURRENCY OF TRANSFER

AMOUNT TO BE TRANSFERRED  
(IN WORDS)

#### NOTE:

- NO THIRD PARTY TRANSFERS ARE ALLOWED BETWEEN ACCOUNTS
- IF TRANSFER HAS BEEN REQUESTED IN A CURRENCY OTHER THAN YOUR ACCOUNT BASE CURRENCY, TRANSFER WILL BE DONE BASED ON THE PREVAILING MARKET RATE.




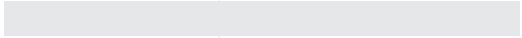
**CUSTOMER ACKNOWLEDGEMENT**


I/We, the undersigned, hereby agree to be bound to the terms and conditions specified in the Margin Terms of Business, available at <http://www.ads-securities.com/sites/default/files/ADS-Securities-Terms-Of-Business-Margin-Customers.pdf>. I/We acknowledge that ADS Securities LLC (“ADSS”) will transfer funds directly from my/our account at ADSS to an existing or new trading account opened by ADSS in my/our name. This new account will be opened in accordance with the terms and conditions specified in the Margin Terms of Business. I/We further agree that the information provided herein is accurate.

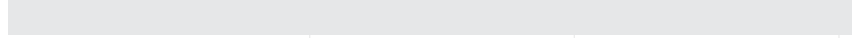
The undersigned authorizes ADSS to duplicate all existing paperwork, including, but not limited to the Margin Terms of Business, agreements disclosures and acknowledgements, in the current account that is listed above. Customer accepts and agrees to be obligated to all of the representations, Margin Terms of Business contained within the existing account documentation, agreements or disclosures and acknowledges the Receipt of Risk Disclosures and the Documents Incorporated by Reference previously agreed to with ADSS or which have been assigned to ADSS.

The undersigned further represents that any additional account opened pursuant to this request is identical in all respects to the customer’s existing account, except as otherwise disclosed by ADSS in writing, and further represents that there have been no material changes in undersigned’s personal information or financial condition as previously disclosed in existing account documentation.

**ACKNOWLEDGED BY:**

	
PRIMARY ACCOUNT HOLDER OR AUTHORIZED SIGNER NAME	TITLE (BUSINESS ACCOUNTS ONLY)

	
PRIMARY ACCOUNT HOLDER OR AUTHORIZED SIGNER SIGNATURE	DATE

	
SECONDARY ACCOUNT HOLDER OR AUTHORIZED SIGNER NAME (IF APPLICABLE)	TITLE (BUSINESS ACCOUNTS ONLY)

	
SECONDARY ACCOUNT HOLDER OR AUTHORIZED SIGNER SIGNATURE	DATE