

Transfer Initiation Form (TIF)

INSTRUCTIONS

Complete this form to transfer account assets to the new custodian/trustee.

Forms that are incomplete will be returned to the sender & delay transfers.

RECEIVING ACCOUNT INFORMATION <i>as it appears on the SEI Wealth Platform</i>	DELIVERING ACCOUNT INFORMATION <i>(transferring "from")</i>	
ACCOUNT NUMBER	FIRM NAME	
ACCOUNT NAME	ACCOUNT NAME	
PORTFOLIO NAME	ACCOUNT NUMBER	
RECEIVING ACCOUNT TYPE <i>check one</i>	DELIVERING ACCOUNT TYPE	SS# OR TAX ID #
<input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Corporate	CONTACT NAME	CONTACT TELEPHONE
<input type="checkbox"/> Trust <input type="checkbox"/> Estate <input type="checkbox"/> Direct Rollover	OVERNIGHT ADDRESS OF FIRM	
<input type="checkbox"/> Simple IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> Qualified Plan	NOTE: A complete copy of the account's most recent statement must be included with this form to have the assets transfer.	
<input type="checkbox"/> Agency <input type="checkbox"/> IRA <input type="checkbox"/> Other <i>(please specify)</i>		

TRANSFER TYPE <i>check one</i>	MUTUAL FUND DIVIDEND & CAPITAL GAIN OPTIONS <i>check one</i>	TRANSACTION EXPLANATION <i>SPTC Default: Received from (delivering Custodial Name) ACCT (Delivering Account Number)</i>
<input type="checkbox"/> Full Account Transfer-in-Kind	<input type="checkbox"/> Reinvest Both	CUSTOM EXPLANATION <i>(maximum of 50 characters)</i>
<input type="checkbox"/> Full Account Liquidation	<input type="checkbox"/> Dividend Cash/Capital Gains Reinvest	
<input type="checkbox"/> Other (Complete Liquidation/ In-Kind Worksheet)	<input type="checkbox"/> Cash Both	
	<input type="checkbox"/> Use account's Mutual Fund Reinvestment Preference (default)	

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.

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

CLIENT\TRUSTEE NAME <i>please print</i>	CLIENT\TRUSTEE SIGNATURE	MEDALLION GUARANTEE STAMP required for processing
DATE	SS# or Tax ID#	
JOINT CLIENT\CO-TRUSTEE NAME <i>please print</i>	JOINT CLIENT\CO-TRUSTEE SIGNATURE	
DATE	SS# or Tax ID#	
SPTC Authorized Signature Bank/Trust Company Representative	AUTHORIZED NAME <i>please print</i>	DATE
	AUTHORIZED SIGNATURE	<i>Must be authorized to instruct Free Movement transactions at SEI Private Trust Company.</i> The authorized signor hereby does accept the above account as successor custodian/trustee.

