



4030 Wake Forest Rd. Suite 300
Raleigh, NC 27609-6800
Tel: (800) 50-PLACE
Fax: (919) 713-0856
Web: www.placetrade.com

Option Trading in a Custodial Account

RE: _____
Account Number

To Introducing Broker:

By way of this letter, please be advised that, as custodian of the above referenced account, I intend to purchase options positions despite your general policy of discouraging the purchase of long calls and long puts in a custodial account.

Any option purchase I make shall constitute a small portion of the custodial assets and represent only a part of an overall investment strategy for this account.

I acknowledge that I have read and understand the *Characteristics and Risks of Standardized Options* booklet and have carefully considered the risks of trading options in this particular account. I further acknowledge that any purchase and subsequent sale of an option in this account is of my own accord having reached this investment decision without you or your clearing broker, Penson Financial Services, Inc., providing me with any investment advice or recommendation to trade options in this account. As such, I agree to indemnify and hold both you and Penson Financial Services, Inc. harmless against any and all losses that may incur as a result of purchasing both long calls and long puts in the account.

Sincerely,

Signature

Date

cc: Penson Financial Services, Inc.



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Account Transfer Form

Receiving Firm Penson Financial Services Inc (PFSI)
 Clearing #0234

1. Information about your account:

Title of Your Account: _____
 PFSI Account Number: _____ SSN/Tax ID: _____

PLEASE ATTACH A COPY OF YOUR MOST RECENT STATEMENT FOR THE ACCOUNT YOU ARE TRANSFERRING TO PENSON.

2 Information about the account you are transferring

Title of Your Account: _____
 Account Number: _____ Name of Firm: _____
 Address of Firm: _____
 City, State, Zip: _____ Broker Clearing #: _____

If your PFSI account is not the same type of account as the one you are transferring, you must complete the **Letter of Authorization (Section 7)** on the 2nd page of this form.

3 Type of Transfer:

- Brokerage Firm Transfer (Transfer All Assets In Kind)
- Liquidate All Assets and Transfer as Cash
- Partial Transfer (Skip to Section 4)
- Mutual Fund Company Transfer (Skip to Section 5)
- Non-ACAT Transfer (Transfer All Assets In Kind)
- Liquidate Annuity and Transfer as Cash
- Liquidate Certificates of Deposit IMMEDIATELY
I am aware of and acknowledge the penalty for early withdrawal.
- Transfer Proceeds of Certificates of Deposit AT MATURITY
Submit transfer request 30 days prior to maturity.

4 Partial Transfer: (Please specify the assets you wish to transfer, attach additional pages if needed)

Quantity	Assets Description/Symbol	Transfer (Select One)
		Transfer in Kind Liquidate
		Transfer in Kind Liquidate
		Transfer in Kind Liquidate
		Transfer in Kind Liquidate
		Transfer in Kind Liquidate

5 Mutual Fund Company Transfer: (Use a separate form for each mutual fund company)

Name of Fund Company: _____

Name of Fund/Symbol/Cusip	Transfer (Select One)	Fund Account #	Transfer (Select One)	Future Dividend (Select One)	Future Capital Gains (Select One)
	Transfer in Kind Liquidate		All # of Shares _____	Reinvest Pay in Cash	Reinvest Pay in Cash
	Transfer in Kind Liquidate		All # of Shares _____	Reinvest Pay in Cash	Reinvest Pay in Cash
	Transfer in Kind Liquidate		All # of Shares _____	Reinvest Pay in Cash	Reinvest Pay in Cash

6 Signature(s): (Please read and sign)

If this account is a qualified retirement account, I have amended the applicable plan so that it names Penson Financial Services, Inc. (PFSI) as successor custodian. Unless otherwise indicated in the instructions above, please transfer all assets in my account to PFSI. 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 NYSE Rule 412 or similar rule of the FINRA or other designated examining authority.

Place Trade Financial

I authorize you to liquidate any non-transferable proprietary money market fund assets that are part of my account and transfer the resulting credit balance to PFSI. I authorize you to deduct any outstanding fees due you from the credit balance in my account. If my account does not contain a credit balance, or if the credit balance in the account is insufficient to satisfy any outstanding fee due you, I authorize you to liquidate the assets in my account to the extent necessary to satisfy that obligation. 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 to transfer them into its name for the purpose of sale, when and as directed by me. I understand that upon receiving a copy this transfer instruction, you will cancel all open orders for my account on your books.

I affirm that I have destroyed or returned to you credit/debit cards and/or unused checks issued to me in connection with my securities account. I understand that you will contact me with respect to the disposition of any assets in my securities account that are non-transferable.

Primary Signature: _____ Date: _____

Secondary Signature: _____ Date: _____



Letter of Acceptance

To the prior Custodian/Trustee: Please be advised that Penson Financial Services, Inc. (PFSI) hereby accepts an appointment as successor custodian.

Successor Custodian/Trustee Authorized Signature: _____ Date: _____

Successor Custodian Tax ID Number: _____ Date of Trust: _____

7. Letter of Authorization (Please complete if the type of account in Section 1 is different than Section 2)

To Penson Financial Services, Inc.:

I hereby authorize the following transfer of assets:

Transfer From:

Delivering Firm: _____ Account Number: _____

Account Title: _____

Transfer To:

PFSI Account Number: _____

Account Title: _____

Investment Representative's Name: _____ Office #: _____ Rep #: _____

I understand this transfer constitutes a change in ownership of the assets and that the new registered account holders will have exclusive rights to the assets.

Sincerely,

Primary Applicant Signature: **X** _____

Secondary Applicant Signature: **X** _____

COMPLETION OF THIS FORM DOES NOT GUARANTEE ACCEPTANCE BY DELIVERING FIRM.

For Broker Use Only - Transfer Instructions		
MAILING ADDRESS: Penson Financial Services, Inc. 1700 Pacific Avenue, Suite 1400 Dallas, TX 75201-7322	TAX ID#: 56-1673990	INCOMING WIRE INSTRUCTIONS: JP Morgan Chase ABA 021000021 F/A Penson Financial Services A/C #066-6-00030 FFC: Customer A/C # and Customer Name
DTC INSTRUCTIONS: #0234 PFSI FAO: Customer Acct # (Penson accepts PTDs and PTRs)	NSCC INSTRUCTIONS: NSCC# 0234 PFSI	CREST SECURITIES: Penson Crest ID 08XHZ
GNMA INSTRUCTIONS: MHBDC/Penson	FNMA/FREDDIES/US TREASURY INSTRUCTIONS: ABA 021000021 J.P. Morgan Chase NYC/Penson	MUTUAL FUND RE-REGISTRATION: Penson Financial Services, Inc. FBO: _____ 1700 Pacific Avenue, Suite 1400 Dallas, TX 75201
PHYSICAL INSTRUCTIONS: New York Window 55 Water St., 1st Floor A/C Penson Customer Acct # New York, NY 10041	AGENT ID/INSTITUTIONAL: 89331	
	FOREIGN SECURITIES INSTRUCTIONS: Bank of New York - Brussels Euroclear # 10161	

