



Account Transfer Form (ACAT)

Receiving Firm DTC Clearing Number: 3856

Instructions: Attach a completed copy of your most recent statement, of the account you are requesting the transfer form, (data within 60 days). Please email the statement along with this completed form to dl-client.services@velox-global.com Attn: Client Services.

Transfer Type: *(Please select one)*

☐ Full ACAT ☐ Partial ACAT ☐ Non ACAT Transfer ☐ DRS Transfer

☐ Traditional IRA Transfer ☐ Roth IRA Transfer ☐ SEP IRA Transfer

Unless otherwise indicated, Velox Clearing will transfer in Full

1. Velox Clearing Account Information

The registration of the account being transferred should match your Velox account and the Tax ID for both the Velox Clearing account and account being transferred.

Account Number (Required) *Only one per form*

Account Registration Title:
Social Security / Tax ID Number:
Social Security / Tax ID Number: <i>(secondary if applicable)</i>
Account Type: (select One)
Individual: <input type="checkbox"/> Joint: <input type="checkbox"/> Trust: <input type="checkbox"/> Legal Entity: <input type="checkbox"/> (Corp) or Other <input type="checkbox"/>



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2. Delivering Account Information

As noted in section 1 both registration and Tax IDs for the Velox Clearing account and account being transferred should match

Account Number (Required) *Only one per form*

Account Registration Title:
Social Security / Tax ID Number:
Social Security / Tax ID Number: <i>(if applicable)</i>
Contra/ Delivering Firm Name and Clearing Number
Contra/ Delivering Firm Address:
Contra/ Delivering Firm phone Number:/ Email Address:

Delivering Firm Account Type: <i>(select one)</i>
Cash: _____ Margin: _____



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3. Partial Transfer Instructions

This section is only required if client requests a partial transfer

	Quantity (Indicate # of shares)	Cusip or Symbol	Asset Description
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

4. Delivery Instructions *(Required)*

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5. Velox Clearing Client Authorization: *(Required)*

Client Signature:	Date:
Co-Client Signature: <i>(if applicable)</i>	Date:

6. Letter of Acceptance *(FOR OFFICE USE ONLY)*

Represented Printed Name:	Date:
Signature:	Date:

**Please reference Schedule A – Velox Clearing Services Pricing for details on ACAT fees.*

**DRS Transfers are \$50 plus a Service Transfer Agent Fee.*