

Journal Request

PERSHING ADVISOR SOLUTIONS LLC

Please complete the following information to initiate a journal request between two accounts, then return to your Registered Investment Advisor with your signature. **This form is not for use with retirement accounts.**

STEP 1. ACCOUNT INFORMATION

Transfer Assets FROM This Account

Account Number -	Account Title
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Transfer Assets TO This Account

Account Number -	Account Title
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STEP 2. JOURNAL INSTRUCTIONS

Transaction Type

Please select one option.

- One-time journal request Standing instruction Periodic instruction Income distribution

DISTRIBUTION INSTRUCTIONS WILL EXPIRE AFTER 15 MONTHS OF NON-USE.

Dates

Start Date -	Exclusion Date (optional) -
End Date (optional) -	

THE START DATE MUST BE BETWEEN THE 1ST AND 15TH OF THE MONTH.

Frequency

Please select one option for Periodic Instructions and Income Distribution.

- Monthly - Occurs every month Quarterly - Occurs every 3 months
 Semi-monthly - Occurs twice a month Semi-annually - Occurs twice a year
 Bi-monthly - Occurs every other month Annually - Occurs once a year

SEMI-MONTHLY DISTRIBUTIONS TAKE PLACE 14 CALENDAR DAYS AFTER THE START DATE.

REQUESTS SCHEDULED ON A WEEKEND OR HOLIDAY WILL OCCUR ON THE FOLLOWING BUSINESS DAY.

Amount

Cash or Securities (symbol or CUSIP)	Amount/Number of Shares (choose one option only)	Purchase Date (if applicable)
Cash	<input type="checkbox"/> All cash <input type="checkbox"/> Only \$ _____ in cash	
	<input type="checkbox"/> All shares <input type="checkbox"/> Transfer only _____ number of shares	
	<input type="checkbox"/> All shares <input type="checkbox"/> Transfer only _____ number of shares	
	<input type="checkbox"/> All shares <input type="checkbox"/> Transfer only _____ number of shares	
	<input type="checkbox"/> All shares <input type="checkbox"/> Transfer only _____ number of shares	
	<input type="checkbox"/> All shares <input type="checkbox"/> Transfer only _____ number of shares	
	<input type="checkbox"/> All shares <input type="checkbox"/> Transfer only _____ number of shares	

SHARE AMOUNTS MUST BE LISTED FOR SECURITIES.

ATTACH ADDITIONAL SHEET AND SIGN AND DATE FOR ADDITIONAL ASSETS.

Request Reason

Please state reason for this request



PASJRLR

STEP 3. SIGNATURE

By signing this form each of the undersigned understands that s/he authorizes Pershing Advisor Solutions to move the noted monies or securities from the above indicated "FROM" account to the above indicated "TO" account. Each of the undersigned hereby agree(s) for himself/herself, his/her successors, assigns, heirs, executors and administrators to at all times indemnify and hold harmless Pershing Advisor Solutions and its affiliates from and against any and all claims, losses, liabilities, taxes, damages, actions, charges and expenses, including attorney fees, resulting from compliance with this request. This authorization and indemnity will remain in full force and effect until such authorization is revoked by the undersigned by written notice addressed and delivered to Pershing Advisor Solutions. Such revocation shall not affect any liability in any way resulting from transactions initiated prior to such revocation.

Account Owner Signature

Print Name	Date
Signature	
X	

Additional Account Owner Signature (if applicable)

Print Name	Date
Signature	
X	

Additional Account Owner Signature (if applicable)

Print Name	Date
Signature	
X	

Additional Account Owner Signature (if applicable)

Print Name	Date
Signature	
X	