

Capital Market Services LLC
350 Fifth Ave., Suite 6400, New York, NY 10118
Tel: 1-212-563-2100; Fax: 1-212-563-4994

FUNDS TRANSFER FORM

Date:	
Customer Name/Name on Trading Account:	
Customer E-mail Address:	
Telephone Number:	

Funds Transfer Information * * *	
Origin Trading Account Number:	
Destination Trading Account Number:	
Transfer Amount:	

Will the origin account be closed?	Yes _____	No _____
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*** * * REMINDER** - we may transfer money from one account to another if both of them belong to the same trader ONLY, and ONLY AFTER RECEIVING A SIGNED FUNDS TRANSFER FORM from the trader/s during our office hours from 9AM EST to 7PM EST Monday through Friday. Funds may be transferred by the signatory(s) of the trading agreement alone. **No third party transactions are allowed.** No funds transfers from one account to another made via telephone requests are accepted! Transferring funds between trading accounts of the same account holder is free.

Customer Signature: X_____

Joint Account Holder's Signature: (if applicable) X_____