



TRANSFER AUTHORIZATION FORM (NON-IRA)

TO BE COMPLETED BY CLIENT

Delivering Institution Name		Receiving Institution Name PNC Bank, NA Account (DTC 2616)	
Delivering Institution Account Name (as registered)		PNC Account Name	
Delivering Institution Account Number (one account per form)		PNC Account Number (to be completed by PNC if unknown)	
Account SNN/TIN#	Joint SSN/TIN# (if applicable)	PNC Account SSN/TIN#	PNC Joint SSN/TIN# (if applicable)

Delivering Institution Instructions

Check applicable options below:

- (1) Transfer my entire account in-kind to PNC Bank, NA.
- (2) Liquidate my entire account and transfer proceeds and all other cash to PNC Bank, NA.
- (3) Transfer cash in the amount of _____ to PNC Bank, NA
- (4) Transfer in-kind the assets listed below to PNC Bank, NA (attach additional forms if needed).
- (5) Liquidate the assets listed below and transfer the proceeds from the liquidation to PNC Bank, NA (attach additional forms if needed).
- (6) Liquidate the assets listed below and transfer the proceeds from the liquidation along with all other assets (in-kind) and any other cash in the account to PNC Bank, NA.

Check one option below, in the event any asset is unable to be transferred to or held by PNC Bank, NA:

- (a) Please contact me so that I can direct the delivering institution to liquidate the asset(s).
- (b) Please retain such asset(s) in my existing account.

Asset/Mutual Fund Name (complete only for partial transfers/liquidations)	Fund #	Ticker/CUSIP	Quantity	In-Kind	Liquidate

Please provide cost basis and acquisition dates to PNC Bank, NA

Please transfer the stated assets from my account. 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 NYSE Rule 412 or similar rule of the NASD or other examining authority. I understand that if I choose a method of disposition of such assets other than liquidation and transfer, I may become liable for the payment of taxes and penalties with respect to such assets. I also understand that the above indicated carrying organization or PNC Bank, N.A. will contact me with respect to the disposition of any other assets in my account that are non-transferable. 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 is insufficient to satisfy any outstanding fees due you, I authorize you to liquidate the assets in my account to the extent necessary to satisfy any outstanding fees due you. 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 paperwork to enable PNC Bank, NA to transfer them in its name for the purpose of sale, when and as directed by me. Upon receiving a copy of the transfer instruction the carrying organization will cancel all open orders for my account on its books. I request that any tax information including cost basis and acquisition dates be provided to PNC Bank, NA.

PROVIDING MY HANDWRITTEN OR ELECTRONIC SIGNATURE, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND, AGREE AND INTEND TO BE LEGALLY BOUND BY THE ABOVE CONDITIONS.

X _____
Client Signature Date

Client Name (Please Print)

X _____
Joint Client Signature (if applicable) Date

Joint Client Name (Please Print)

X _____
Joint Client Signature (if applicable) Date

Joint Client Name (Please Print)

X _____
PNC Bank, NA signature (if applicable) Date

PNC Bank, NA Name (Please Print)

Medallion Signature Guarantee Stamp (Asset Requests)
Or
Notary Seal (Cash Requests)
(if applicable)

For PNC Use Only

I, _____, have witnessed the signature of the client(s) and have reviewed applicable procedures outlined in section 4.1 of the Legal, Compliance and Risk Management Procedure, AMG-COM-0700.