

CUSTOMER ACCOUNT TRANSFER REQUEST



Webull
Webull Financial LLC

Receiving Firm – Apex Clearing Corporation (“Apex Clearing”) – Clearing #0158

DATE	
------	--

YOUR ACCOUNT INFORMATION

ACCOUNT TITLE

APEX CLEARING ACCOUNT NO.

SSN/TAX ID NO.

Please attach a copy of your most recent statement for the account you are transferring to Apex.

TRANSFERRING ACCOUNT INFORMATION

ACCOUNT TITLE

BROKER CLEARING NO.

ACCOUNT NO.

NAME OF FIRM

FIRM ADDRESS

CITY

STATE

ZIP

If your Apex Clearing account is not the same type of account as the one you are transferring, you must complete the Letter of Authorization section.

TRANSFER TYPE

<input type="checkbox"/>	BROKERAGE FIRM TRANSFER <i>(Transfer all assets in kind)</i>	<input type="checkbox"/>	NON-ACAT TRANSFER <i>(Transfer all assets in kind)</i>
<input type="checkbox"/>	LIQUIDATE ALL ASSETS & TRANSFER AS CASH	<input type="checkbox"/>	LIQUIDATE ANNUITY & TRANSFER AS CASH
<input type="checkbox"/>	PARTIAL TRANSFER <i>(Skip to Partial Transfer section)</i>	<input type="checkbox"/>	LIQUIDATE CERTIFICATES OF DEPOSIT IMMEDIATELY <i>(I am aware of & acknowledge the penalty for early withdrawal)</i>
<input type="checkbox"/>	MUTUAL FUND COMPANY TRANSFER <i>(Skip to Mutual Fund Company Transfer section)</i>	<input type="checkbox"/>	TRANSFER PROCEEDS OF CERTIFICATES OF DEPOSIT AT MATURITY <i>(Submit transfer request 30 days prior to maturity)</i>

PARTIAL TRANSFER

(Please specify the assets you wish to transfer, Attach additional pages if necessary)

QUANTITY	ASSETS DESCRIPTION/SYMBOL	TRANSFER <i>(Select One)</i>
		<input type="checkbox"/> Transfer In Kind <input type="checkbox"/> Liquidate
		<input type="checkbox"/> Transfer In Kind <input type="checkbox"/> Liquidate
		<input type="checkbox"/> Transfer In Kind <input type="checkbox"/> Liquidate
		<input type="checkbox"/> Transfer In Kind <input type="checkbox"/> Liquidate
		<input type="checkbox"/> Transfer In Kind <input type="checkbox"/> Liquidate

MUTUAL FUND COMPANY TRANSFER

(Use a separate form for each Mutual Fund Company)

NAME OF FUND COMPANY

FUND NAME/SYMBOL/CUSIP	TRANSFER	FUND ACCOUNT NO.	# OF SHARES	FUTURE DIVIDEND	FUTURE CAPITAL GAINS
	<input type="checkbox"/> Transfer In Kind <input type="checkbox"/> Liquidate			<input type="checkbox"/> Reinvest <input type="checkbox"/> Pay In Cash	<input type="checkbox"/> Reinvest <input type="checkbox"/> Pay In Cash
	<input type="checkbox"/> Transfer In Kind <input type="checkbox"/> Liquidate			<input type="checkbox"/> Reinvest <input type="checkbox"/> Pay In Cash	<input type="checkbox"/> Reinvest <input type="checkbox"/> Pay In Cash
	<input type="checkbox"/> Transfer In Kind <input type="checkbox"/> Liquidate			<input type="checkbox"/> Reinvest <input type="checkbox"/> Pay In Cash	<input type="checkbox"/> Reinvest <input type="checkbox"/> Pay In Cash
	<input type="checkbox"/> Transfer In Kind <input type="checkbox"/> Liquidate			<input type="checkbox"/> Reinvest <input type="checkbox"/> Pay In Cash	<input type="checkbox"/> Reinvest <input type="checkbox"/> Pay In Cash

CUSTOMER ACCOUNT TRANSFER REQUEST

SIGNATURE(S)

(Please read and sign below)

If this account is a qualified retirement account, I have amended the applicable plan so that it names Apex Clearing Corporation ("Apex Clearing") as successor custodian. Unless otherwise indicated in the instructions above, please transfer all assets in my account to Apex Clearing. 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 FINRA or other designated examining authority.

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 Apex Clearing. 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 fees 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 of 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

MEDALLION SIGNATURE GUARANTEE PROGRAM

LETTER OF AUTHORIZATION

(Please complete if the type of account in "Your Account Information" is different than the information in "Transferring Account Information")

To: Apex Clearing Corporation – I hereby authorize the following transfer of assets:

TRANSFER FROM:	DELIVERING FIRM NAME
	ACCOUNT NO.
	ACCOUNT TITLE
TRANSFER TO:	APEX CLEARING ACCOUNT NO.
	ACCOUNT TITLE
	RECEIVING FIRM NAME

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.

PRIMARY SIGNATURE



DATE

SECONDARY SIGNATURE



DATE

Completion of this form does not guarantee acceptance by delivering firm.

To the prior Custodian/Trustee: Please be advised that Apex Clearing Corporation ("Apex") hereby accepts an appointment as successor custodian.

SUCCESSOR CUSTODIAN/TRUSTEE AUTHORIZED SIGNATURE



DATE

SUCCESSOR CUSTODIAN TAX ID NO.

DATE OF TRUST

**OFFICE USE
ONLY: LETTER OF
ACCEPTANCE**

CHECKS - OVERNIGHT
Apex Fintech Solutions
350 North St. Paul Street Suite 1300
Dallas, Texas 75201
Attention: Banking Department

CHECKS - REGULAR MAIL
Apex Fintech Solutions
PO Box 133069
Dallas, Texas 75313

DOCUMENTS - REGULAR MAIL
Apex Clearing Corporation
Attention: ACATS Department
350 North St. Paul Street, Suite 1300 Dallas, Texas 75201

DOCUMENTS - OVERNIGHT MAIL
Apex Clearing Corporation
Attention: ACATS Department
350 North St. Paul Street, Suite 1300 Dallas, Texas 75201

PHYSICAL CERTIFICATES
Apex Clearing Corporation
Securities Processing
350 North St. Paul Street, Suite 1300 Dallas, Texas 75201

GNMA: ABA: 021000018/QUICK

TAX ID NUMBER: 13-2967453

NSCC:
NSCC# 0158 Apex Clearing

FNMA/FREDDIES/US TREASURY
ABA: 021000018
Bank of New York/QUICK

AGENT ID/INSTITUTIONAL: 89331

CREST SECURITIES
Apex Clearing Corporation
Crest ID 82XHJ

ALTERNATIVE INVESTMENTS RE-REGISTRATION
Apex Clearing Corp. c/o Broadridge
Attention: Alternative Investments Department
115 Long Island Avenue
Edgewood, New York 11717

INCOMING WIRE INSTRUCTIONS

BMO Harris Bank
111 West Monroe Street
Chicago, Illinois 60603
ABA: 071000288 / SWIFT: HATRUS44
Apex Clearing - Account 3713286
FFC: Customer Name and BPS A/C #

MUTUAL FUND RE-REGISTRATION
Apex Clearing c/o BPO
2 Gateway Center, 16th Floor
283-299 Market Street
Newark, New Jersey 07102-5005
Attention: Account Transfer Department

DTC INSTRUCTIONS
#0158 Apex Clearing
FAO: Customer Account #
(Apex accepts PTD's and PTR's)

FOREIGN SECURITIES INSTRUCTIONS
Euroclear: #10403
Reference: Apex Clearing

**FOR BROKER USE
ONLY – TRANSFER
INSTRUCTIONS**