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Automated Customer Account Transfer (ACAT) Form

Receiving Firm DTC Clearing Number: 3856

Instructions: Please 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: ACAT Request.

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* (Only One per Form): _____
Account Registration Title*: _____
Social Security / Tax ID Number*: _____
Social Security / Tax ID Number* (secondary is applicable): _____
Account Type*: (Select One)
Individual Joint Trust Legal Entity Corporation or Other

2. Delivering 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* (Only One per Form): _____
Account Registration Title*: _____
Social Security / Tax ID Number*: _____
Social Security / Tax ID Number* (secondary is applicable): _____
Contra/Delivering Firm Name and Clearing Number*: _____
Contra/ Delivering Firm Address: _____
Contra/ Delivering Firm Phone Number*: _____
Contra/ Delivering Email Address*: _____
Delivering Firm Account Type*: (Select One)
Cash Margin

Please note that anything with an asterisk* is required information for processing. Incomplete information will cause delays.
Please reference Schedule A – Velox Clearing Services Pricing for details on ACAT fees.
DRS Transfers are \$50 plus a Service Transfer Agent Fee.

3. Partial Transfer Instructions

The section is only required if the client is requesting for a partial transfer.

	Quantity (Number of Shares)	CUSIP or Symbol	Asset Description
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

4. Delivery Instructions*:

5. Velox Clearing Client Authorization*:

Client Signature: _____ **Date:** _____

Co-Client Signature: _____ **Date:** _____

6. Velox Clearing Client Authorization*:

Represented Printed Name: _____ **Date:** _____

Signature: _____ **Date:** _____

Please note that anything with an asterisk is required information for processing. Incomplete information will cause delays.
Please reference Schedule A – Velox Clearing Services Pricing for details on ACAT fees.
DRS Transfers are \$50 plus a Service Transfer Agent Fee.*