



600 Brickell Avenue Suite 2800 Miami, Florida 33131
www.veloxglobal.com 1-866-80-VELOX

Direct Registration Service (DRS) Transfer Form

Instruct ons

Please return this signed form and provide a Statement dated within 90 days to request delivery from a transfer agent using the Direct Registration Service (DRS). Email the completed form and statement copy to dl-client.services@velox-global.com Attn: DRS Transfer.

Additional documentation may be required for some securities before a request is submitted. You will be notified if this information is required.

Account Information

Account Number: _____

Account Registration Title: _____

SSN/Tax ID Number: _____

SSN/Tax ID Number (*secondary, if applicable*): _____

Account Type:

Individual

Joint

Trust

Corporation

Other: _____

Transfer Agent Account Information

Account Number: _____

Registration/Title at Issuer: _____

Company Name of Security to be Transferred: _____

Quantity of Shares to Transfer: _____

Security (Name, Symbol or CUSIP): _____

Please confirm the transfer agent has the correct SSN/TAX ID on file. The Agent will reject the request if there is a mismatch of SSN/TAX ID.

**DRS Transfers are \$50 plus additional pass through fees, if any. (DTC, transfer agent etc.)*

October 2023

Velox Clearing LLC Authorization for DRS Transfer request (All owners listed at the transfer agent sign)

Unless otherwise indicated in the instructions above, please transfer in-kind, all assets into my/our account with Velox Clearing LLC. I/we understand that to the extent any assets in my/our account are not readily transferable with or without penalties; such assets may not be transferred within the time frames required by applicable regulations. I/we understand I/we will be contracted by the carrying and/or receiving firm regarding any assets that are not transferable. I/we authorize the transferor to deduct any outstanding fees due you from the credit balance in my/our account. If my/our 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/we authorize you to liquidate the assets in my/our account to the extent necessary to satisfy that obligation. By signing, I/we agree to the terms and conditions of Deposit Withdraw at Custodian Service.

Client Signature: _____

Client Name: _____

Date: _____

Co-Owner Signature: _____

Client Name: _____

Date: _____

Letter of Acceptance (Office Use Only)

The undersigned organization agrees to serve as successor custodian for the account of the above-named individual, and as custodian, I/ we agree to accept the assets being transferred.

Registered Representative Signature: _____

Registered Representative Name: _____

Date: _____

**DRS Transfers are \$50 plus additional pass through fees, if any. (DTC, transfer agent etc.)*