



ACCOUNT TRANSFER REQUEST

Receiving Firm: **Alpaca Securities LLC**

DTC Clearing Number: **3021**

Instructions: Attach a copy of the most recent account statement from the transferring firm.

Email the completed form to support@alpaca.markets **Attn:** Operations

Transfer Type: Full Transfer ____ Partial ACAT ____ Non-ACAT Transfer ____

Unless otherwise indicated, Alpaca will transfer in full.

DATE: _____

Note: The registration and the Tax ID of the account being transferred must match your Alpaca account.

Alpaca Account Information	
Account #	Account Registration Title:
SSN/Tax ID:	
Account Type:	
____ Individual ____ Corporation ____ LLC ____ Limited Partnership	

Transferring Account Information	
Account #	Account Registration Title:
Name of Firm:	Broker Clearing #
Firm Address:	



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Partial Transfer Instructions (This section is only required if client requests a partial transfer)

_____ *Delivery in Kind* _____ *Liquidate*

	<i>Quantity</i>	<i>Symbol</i>	<i>Cusip</i>	<i>Assets Description</i>
<i>1</i>				
<i>2</i>				
<i>3</i>				
<i>4</i>				
<i>5</i>				

Client Authorization: (Required)

Unless otherwise indicated in the instruction above, please transfer in-kind, all assets into my account with Alpaca Securities LLC. 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 timeframes required by applicable regulations. I understand I will be contracted by the delivering and/or receiving firm regarding any assets that are not transferable. 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 Alpaca Securities LLC. I authorize the transferor 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. I understand that upon receiving a copy of this transfer instruction, for a full account transfer, transferor will freeze my account and cancel all open orders for my account on your books. I affirm that I have destroyed or returned to the transferor all credit/debit cards and/or unused checks issued to me in connection with my account.

Client Signature:

Date:

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

LETTER OF ACCEPTANCE (FOR OFFICE USE ONLY)

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

Representative print name:

Representative Signature:

Date: