

Account Transfer Form (ACAT)

optionsXpress, Inc.
Attn: New Accounts
P. O. Box 2197
Chicago, IL 60690-2197

You are almost done with the account transfer process! Please see the important notes below:

- **Please include a copy of a recent statement of the account you are transferring.**
- If you are transferring a 401(K) or other qualified plan (non-IRA), **please contact your plan administrator** before submitting this form.
- This form should be used to transfer your account from **outside firms only**.
- One form is required for each account you are transferring.
- Please mail the signed transfer form and statement to:

optionsXpress, Inc.
P. O. Box 2197
Chicago, IL 60690-2197

ACCOUNT TYPE:

☒ Individual Account

DTC=0338 OCC=0338

Delivering Firm Clearing # _____
(internal use only)

optionsXpress Account Information

0338
optionsXpress, Inc. Clearing #

0791-8915
optionsXpress Account #
(If pending optionsXpress will complete)

Guangxu Zhou
Your Name(s) as it appears on your optionsXpress acct

679-14-2595
Tax ID or SSN

<u>55 Water St., 50th Floor</u>	<u>New York</u>	<u>NY</u>	<u>10041</u>	<u>United States</u>
Your Current Firm's Street Address	City	State	Zip	

Account You Are Transferring

FXCM
Name of Firm Currently Holding Your Account

3800076056
Your Account # at Delivering Firm

Guangxu Zhou
Name(s) & Title on Account You are Transferring
(as shown on your statement)

BROKER ACCOUNT AT BROKER/DEALER OR MUTUAL FUND COMPANY TRANSFER

☒ **Full account Transfer:** Transfer my entire account in kind with the exception of core money market and other proprietary products. For core money market, convert to cash and transfer as well. Do not deliver proprietary products.

Special Instruction Disclosure

TO THE CARRYING FIRM NAMED: Please be advised that if the subject account is an IRA, I have amended my retirement plan and have adopted a new retirement plan with Delaware Charter Guarantee And Trust as successor trustee

(Retirement Accounts only). Pursuant to said amendment, please transfer all assets in my account to such successor trustee. 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 FINRA (formerly known as NASD) Rule 11870 or similar rule of the Financial Industry Regulatory Authority (formerly known as the National Association of Securities Dealers) or other designated examining authority. Unless otherwise indicated, I authorize you to liquidate any nontransferable proprietary money market fund assets that are part of my account and transfer the resulting credit balance to the successor trustee. 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 will contact me with respect to the disposition of any other assets in my account that are not 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 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 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 tax waivers, to enable the successor trustee to transfer them in its name for the purpose of sale, when and as directed by me. Upon receiving a copy of this transfer instruction, the carrying organization will cancel all open orders for my account on its books. I affirm that I have destroyed or returned to you credit/debit cards and/or unused checks issued to me, if any, in connection with the account I have designated for transfer.

ORIGINAL SIGNATURE(S) REQUIRED IN THIS FIELD

Account Holder's Signature (Or authorized signature) Date (Must be completed)

Account Holder's Signature (If joint or multiple trustees) Date (Must be completed)

Medallion Signature
Guarantee
(Internal use only)

Letter Of Acceptance: To the prior trustee or custodian: Please be advised that optionsXpress, Inc. will accept the account described herein as successor custodian.

Authorized Signature
(Custodian's use only)