

**EMPLOYEE BENEFIT PLAN (IDA)
TRANSFER LETTER**

Forward To: 214 W 9th St
PO Box 420
Onaga, KS 66521-0420
P) 800.521.9897
F) 913.901.4190
Customerservice@mainstartrust.com

Please Print or Type

| CURRENT CUSTODIAN (all fields are required) | |
|---|------------------------|
| NAME AND ADDRESS | PLAN NUMBER |
| | IDA NUMBER |
| | |
| CUSTODIAN PHONE NUMBER | IDA ACCOUNTHOLDER NAME |
| | |

TRANSFER REQUEST

I direct the transfer of the account to Mainstar Trust, custodian. **A copy of the account statement is attached.** Transfer is to be accomplished as follows:

1. Available cash
 All
 \$ _____
2. Liquidate all assets and transfer the proceeds
 Immediately
 Upon Maturity
3. Assets as indicated below

Specific Instructions _____

| Units, Specific Dollar Amount or "All" | Asset Description | Liquidate | Reissue | Dividend Option | |
|---|-------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | | | | Reinvest | Cash |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

SIGNATURES

Trustee Signature Date

IDA Accountholder Signature Date

Signature Guaranteed If Required by Current Custodian

For Official Use Only

Mainstar Trust Acceptance

Mainstar Trust has established an Employee Benefit Plan, Individually Directed Account for the above-named client and agrees to accept the assets indicated. Assets indicated above should be registered and delivered as follows:

See Attached Delivery Instructions

Mainstar Trust as Custodian for _____ Plan

FBO _____ Account Number _____

214 West 9th Street
PO Box 420
Onaga, KS 66521-0420
Tax ID No. 05-0527466

By _____
Authorized Signature Date