

## Taxable Custodial Account Transfer Request

Forward To: 214 West 9th Street  
 PO Box 420  
 Onaga, KS 66521  
 Phone: 800.521.9897  
 Fax: 785.889.7169

Email: customerservice@mainstartrust.com

**Please Print or Type**

Current Trustee/Custodian (name and address) _____ _____ _____	Account Name _____
	Account Number _____
	Custodian Phone Number _____
	Social Security Number _____

Mainstar Trust sends Transfer Requests by regular US Postal Service. If you prefer an expedited service, please indicate the service, the billing number and billing address below.

_____	_____	_____
Provider	Type of Service	Billing Number
Billing Address of Responsible Party _____		
If Current Custodian will accept by fax - Fax Number of Current Custodian _____		
If Current Custodian will process funds by wire - Wire funds to Mainstar Trust <input type="checkbox"/> Yes <input type="checkbox"/> No		

**If transferring assets in kind, a copy of recent account statement is required.**

**Transfer is to be accomplished as follows:**

- Full  Partial
- 1. Liquidate all assets and transfer the proceeds.
  - Immediately (I am aware of and acknowledge the early withdrawal penalty for certain assets.)
  - At Maturity. Maturity Date(s) \_\_\_\_\_
- 2. Available cash as marked.
  - All or  \_\_\_\_\_ Dollars
- 3. Transfer assets as indicated below and available cash - **current statement is required when transferring assets**
- 4. Specific Instructions \_\_\_\_\_

# of 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"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*Default

\_\_\_\_\_  
**Accountholder Signature - Required**                      **Date**                      Signature Guaranteed If Required By Current Custodian

If applicable: This section **must** be filled out completely if assigning a financial adviser to assets being transferred.

Advisor (name and address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Advisor ID Number \_\_\_\_\_

Branch Number \_\_\_\_\_

Broker-Dealer Name \_\_\_\_\_

Phone Number \_\_\_\_\_

***For Official Use Only***

**Mainstar Trust Acceptance**

Mainstar Trust has established a Taxable Custodial Account for this client and agrees to accept the assets of said plan. Assets indicated above should be registered and delivered to:

See Attached Delivery Instructions

Mainstar Trust,  
Custodian FBO: \_\_\_\_\_  
214 West 9th Street  
PO Box 420  
Onaga, KS 66521-0420

Account # \_\_\_\_\_

Tax ID No. 05-0527466

By \_\_\_\_\_

Mainstar Trust Authorized Signature

\_\_\_\_\_

Date