

**Taxable Custodial Account
Transfer Request**

Forward To: 214 West 9th Street
 PO Box 420
 Onaga, KS 66521-0420
 P) 800.521.9897
 F) 913.901.4190

customerservice@mainstartrust.com

Please Print or Type

CURRENT CUSTODIAN INFORMATION	
Name and Address	

ACCOUNT INFORMATION	
Name	
Account Number	
SSN	
Custodian Phone	

COMMUNICATION OPTION			
<input type="checkbox"/>	Regular US Postal Service (default if no selection is made)		
<input type="checkbox"/>	Expedited Service	Provider _____	Type of Service _____
Billing Address of Responsible Party _____		Billing Number _____	
<input type="checkbox"/>	Current Custodian will accept by fax. Fax Number _____		
<input type="checkbox"/>	Current Custodian will process funds by wire. Wire funds to Mainstar Trust?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

TRANSFER TO BE ACCOMPLISHED AS FOLLOWS	
<input type="checkbox"/>	Full Transfer or <input type="checkbox"/> Partial Transfer
<input type="checkbox"/>	Liquidate all assets and transfer the proceeds.
<input type="checkbox"/> Immediately (I am aware of and acknowledge the early withdrawal penalty for certain assets.)	
<input type="checkbox"/> At maturity. Maturity Date(s) _____	
<input type="checkbox"/>	Available cash as marked
<input type="checkbox"/> All or <input type="checkbox"/> \$ _____	
<input type="checkbox"/>	Transfer available cash and assets as indicated below.

SPECIAL INSTRUCTIONS:

**IF TRANSFERRING ASSETS IN KIND
A COPY OF A RECENT ACCOUNT STATEMENT WITH COST BASIS AND PURCHASE DATE IS REQUIRED**

# 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 ADVISOR TO ASSETS BEING TRANSFERRED

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

Main Trust,
Custodian FBO: _____
214 West 9th Street
PO Box 420
Onaga, KS 66521-0420

Account Number _____

Tax ID Number 05-0527466

By _____
Mainstar Trust Authorized Signature Date