

**IMPORTANT INFORMATION**

- If you have not previously established an Equity Trust Company account to receive your transfer, you must include an account application with this form.
- Each account that is being transferred requires a separate Account Transfer Form.
- For all liquidation requests, contact your current Custodian to initiate and complete the liquidation process prior to submitting the Account Transfer request with Equity Trust Company.
- Note: The term "in-kind" refers to the re-registration of an alternative investment from the prior Custodian's name to Equity Trust Company.
- Some Custodians require a Medallion Signature Guarantee to process a transfer, please contact your current Custodian to determine if this is required.

**1 ACCOUNT INFORMATION**

ACCOUNT HOLDER NAME		ACCOUNT NUMBER ASSIGNED BY EQUITY TRUST	
SOCIAL SECURITY NUMBER		DATE OF BIRTH (optional)	

**2 CURRENT CUSTODIAN INFORMATION** *(Provide a copy of your most recent statement dated within the last 90 days.)*

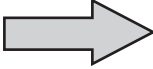
ACCOUNT REGISTRATION (as it appears on the statement)		ACCOUNT NUMBER (as it appears on the statement - one per form)	
NAME OF COMPANY		ESTIMATED TRANSFER VALUE \$	
STREET ADDRESS (Physical Address Required)	CITY	STATE	ZIP CODE
PHONE		FAX*	

\* Contact your current Trustee/Custodian to confirm the address where transfer paperwork should be sent and/or if faxed copies are acceptable.



**ATTACH A COPY OF YOUR MOST RECENT STATEMENT FROM YOUR CURRENT CUSTODIAN**

**3 ACCOUNT COMPATIBILITY**

<b>Account Type Being Transferred:</b> <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Education (CESA) <input type="checkbox"/> Roth IRA <input type="checkbox"/> HSA <input type="checkbox"/> SEP IRA <input type="checkbox"/> Qualified Plan[ex. 401(k)] <input type="checkbox"/> SIMPLE <input type="checkbox"/> Qualified Plan - Roth[ex. 401(k)] <input type="checkbox"/> Taxable Account (i.e., Individual, Joint Tenant WROS, Trust, etc) Type _____  <input type="checkbox"/> Check here if this is an inherited account		<b>Account Type Being Transferred:</b> <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Education (CESA) <input type="checkbox"/> Roth IRA <input type="checkbox"/> HSA <input type="checkbox"/> SEP IRA <input type="checkbox"/> Qualified Plan[ex. 401(k)] <input type="checkbox"/> SIMPLE <input type="checkbox"/> Qualified Plan - Roth[ex. 401(k)] <input type="checkbox"/> Taxable Account (i.e., Individual, Joint Tenant WROS, Trust, etc) Type _____  <input type="checkbox"/> Check here if this is an inherited account
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Note: Transfer must be between same or compatible account types.

**4 PROCESSING PREFERENCE** *(Choose how you would like this form processed and sent to your current Custodian)*

<input type="checkbox"/> <b>EXPRESS TRANSFER SERVICE</b> (See Fee Schedule) • If corrections are needed, processing will stop until corrections have been made. • Overnight mail and/or wire service (if applicable) are included.	<input type="checkbox"/> <b>SEND OVERNIGHT VIA THIRD PARTY BILLING</b> <input type="checkbox"/> FedEx <input type="checkbox"/> UPS THIRD PARTY BILLING ACCOUNT NUMBER _____  THIRD PARTY ZIP CODE _____
<input type="checkbox"/> <b>OVERNIGHT MAIL SERVICE</b> (See Fee Schedule) Your transfer form will be sent overnight.	<input type="checkbox"/> <b>NORMAL MAIL PROCESSING</b>

**5 FEE INFORMATION**

A copy of the fee schedule can be found here: <https://www.trustetc.com/etcb/>. If you have a managed account, please contact your Advisor for your account's specific fee schedule. Any applicable fees will be deducted from your available cash in your Equity Trust account. Should your Equity Trust account not have available cash, you agree that fees can be deducted from your available cash in your ETC Brokerage Services account(s). To avoid any processing delay, please ensure that your account at Equity Trust maintains available cash to process the pending transaction.

**6 TRANSFER INSTRUCTIONS FOR CURRENT CUSTODIAN**

**TYPE OF TRANSFER**

<input type="checkbox"/> Full Transfer ➡ <input type="checkbox"/> Cash Only <input type="checkbox"/> Transfer all assets in-kind Liquidation(s) must be completed prior to transfer request	<input type="checkbox"/> Partial Transfer ➡ Cash Amount (if applicable) \$ _____
Are any of the assets being transferred Hemp related investments? If so, check here: <input type="checkbox"/>	<b>Documents Required:</b> All documentation for the investment type as listed on page 3, Addendum to Direction of Investment, Hemp related license/permit/registration.
<b>LIST ASSETS FOR PARTIAL TRANSFER BELOW</b>	<b>NUMBER OF SHARES OR VALUE</b>
1.	
2.	
3.	
4.	

If more lines are necessary to list additional assets, attach a separate sheet titled "Asset Sheet".

Yes, an additional Asset Sheet is attached. Please remember to sign and date.

**7 INSTRUCTIONS FOR DELIVERY** (Choose how you want your current Custodian to deliver your assets to Equity Trust Company.)

<b>FUNDS AVAILABLE IMMEDIATELY UPON RECEIPT</b>	<b>FUNDS AVAILABLE UP TO 3 BUSINESS DAYS AFTER RECEIPT</b>
<b>GENERAL REQUIREMENTS</b> All deliveries must include the Account Owner's Name and Equity Trust Company Account Number. Proprietary money markets must be liquidated and delivered as cash. Send Cost Basis information via Fax to 440-365-1447 or Email Operations@Innovayte.com. Include CASE # when available. <input type="checkbox"/> <b>Incoming Wire Transfer</b> (See Fee Schedule, included if you selected Express Transfer Service) <input type="checkbox"/> <b>Overnight Mail/Cashier's Check</b>	<input type="checkbox"/> <b>Regular Mail/Cashier's Check</b>  <input type="checkbox"/> <b>Overnight Mail/Regular Check</b>
<input type="checkbox"/> <b>Regular Mail/Cashier's Check</b>	
<b>WIRE TO:</b> BMO Harris Bank 320 South Canal Street Chicago, IL 60606 RT # if wire originates in the US: 071000288  <b>For Credit To:</b> Equity Trust Company Westlake, OH 044145 Account# 1719640	<b>A wire is preferred, if no fee. Otherwise, please send check to the address below:</b>  <b>OVERNIGHT MAIL:</b> Equity Trust Company Attn: Innovayte Operations 1 Equity Way Westlake, OH 44145  <b>REGULAR MAIL:</b> Equity Trust Company Attn: Innovayte Operations P.O. Box 451340 Westlake, OH 44145  <b>MAKE CHECKS PAYABLE TO:</b> Equity Trust Company Custodian FBO Account Holder Name, Account #
<input type="checkbox"/> <b>Overnight Mail/Cashier's Check</b>	
<b>ALTERNATIVE INVESTMENT REGISTRATION INFORMATION</b>	
<b>RECEIVING FIRM INFORMATION:</b> Equity Trust Company	<b>REGISTER ALTERNATIVE INVESTMENTS TO:</b> Equity Trust Company Custodian FBO Account Owner's Name(s), Account # Attn: Alternative Investments at Innovayte 1 Equity Way Westlake, OH 44145 EIN: 05-0552743

**8 ACCOUNT HOLDER SIGNATURE**

<ul style="list-style-type: none"> <li>• A notary public CANNOT provide a Medallion Signature Guarantee.</li> <li>• A signature guarantee can be obtained from your bank.</li> <li>• If your current custodian does not require a Medallion Signature Guarantee, you can simply sign and date this form.</li> </ul> <p>I certify that I have established or will establish a Self-Directed Account with the Custodian named below. I agree to the terms of this form. I understand that I am responsible for determining my eligibility for transfers and confirm that any investment transferred is not illegal or impermissible under South Dakota or Federal Law. I agree to indemnify and to hold the Custodian harmless against any and all situations arising from an ineligible transfer. I acknowledge that the Custodian cannot provide legal advice and I agree to consult with my own tax professional for advice.</p>		AUTHORIZED OFFICER TO PLACE "MEDALLION SIGNATURE GUARANTEE" STAMP HERE
SIGNATURE OF ACCOUNT OWNER	DATE	
SIGNATURE OF JOINT ACCOUNT OWNER	DATE	
<p><b>LETTER OF ACCEPTANCE - FOR OFFICE USE ONLY</b> Equity Trust Company accepts the appointment as successor custodian on behalf of the depositor and requests the transfer and/or liquidation of assets as instructed above.</p>		PLACE "MEDALLION SIGNATURE GUARANTEE" STAMP HERE
AUTHORIZED SIGNATURE, EQUITY TRUST COMPANY	DATE	

The following is a list of documents required when an asset is being transferred. If the original document is not available a copy must be included at the time the **Account Transfer Form** is submitted.

<b>ASSET BEING TRANSFERRED*</b>	<b>DOCUMENTS REQUIRED</b>
<b>ENTITY:</b>	
Limited Partnership	Operating Agreement, Subscription Agreement, PPM, Exhibits & Investor Questionnaire (if applicable), Filed Articles of Organization, transfer form
Limited Liability Company	Operating Agreement, Subscription Agreement, PPM, Exhibits & Investor Questionnaire (if applicable), Filed Articles of Organization, transfer form
Land Trust	Copy of Executed Land Trust Agreement, Assignment of Land Trust, Transfer Form
Private Stock/C-Corporation	Filed Articles of Organization, Operating Agreement, PPM/Sub Doc + Exhibits (if applicable), Transfer Form
Joint Venture	Joint Venture Agreement
<b>GENERAL:</b>	
Oil & Gas Venture	<ul style="list-style-type: none"> <li>• If not part of a Joint Venture, then only the Agreement</li> <li>• If part of a Joint Venture, the requirement of Joint Venture listed above</li> </ul>

\*A copy of the Current Custodian's Statement is required with all assets being transferred.