



ACCOUNT TRANSFER REQUEST

Receiving Firm: **Alpaca Securities LLC**

Clearing Firm: **Velox Clearing**

DTC Clearing Number: **3856**

Instructions: Attach a copy of the most recent account statement (dated within 60 days) from the transferring firm.

Email the completed form to support@alpaca.markets **Attn:** Operations-ACAT Team

Transfer Type: Full Transfer Partial ACAT Non-ACAT Transfer

***Unless otherwise indicated, Alpaca will transfer Full In-kind.

DATE: _____

Note: The registration and the Tax ID of the account being transferred must match your Alpaca account.

Alpaca Account Information	
Account #	Account Registration Title:
SSN/Tax ID:	
Account Type:	
<input type="checkbox"/> Individual <input type="checkbox"/> Custodial (UGMA/UTMA) <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Limited Partnership	
Transferring Account Information	
Account #	Account Registration Title:
Name of Firm:	Broker/Participant Clearing #
Firm Address:	



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Partial Transfer Instructions *(This section is only required if client requests a partial transfer)*

Delivery in Kind *Liquidate*

	<i>Quantity (Whole Shares Only)</i>	<i>Symbol</i>	<i>Cusip</i>	<i>Assets Description</i>
<i>1</i>				
<i>2</i>				
<i>3</i>				
<i>4</i>				
<i>5</i>				
<i>6</i>				

Client Authorization: (Required)

Unless otherwise indicated in the instruction above, please transfer in-kind, all assets into my account with Alpaca Securities LLC. 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 timeframes required by applicable regulations. I understand I will be contacted by the delivering and/or receiving firm regarding any assets that are not transferable. I authorize you to liquidate any non-transferable proprietary money market fund assets that are part of my account and transfer the resulting credit balance to Alpaca Securities LLC. I authorize the transferor 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 that obligation. I understand that upon receiving a copy of this transfer instruction, for a full account transfer, transferor will freeze my account and cancel all open orders for my account on your books. I affirm that I have destroyed or returned to the transferor all credit/debit cards and or unused checks issued to me in connection with my account.

Client Signature:

Date:

Completion of this form does not guarantee acceptance by delivering firm.

LETTER OF ACCEPTANCE (FOR OFFICE USE ONLY)

The undersigned organization agrees to serve as successor custodian for the account of the above-named individual, and as custodian, we agree to accept the assets being transferred.

Representative print name:	Representative Signature:	Date:
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DELIVERY INSTRUCTIONS (FOR OFFICE USE ONLY)

Receiving Firm Name:	Alpaca Securities, LLC
Receiving Firm Address:	Business address: 3 East Third Ave, Suite 214 San Mateo, CA 94401 Mailing address: PO Box 6221 Suite 2 Hayward, CA 94540
All DTC-Eligible Securities:	Please contact support@alpaca.markets for delivery instructions. All deliveries must include the client's name and Alpaca Markets account number.
Receiving Firm Wire Instructions	BMO Harris Bank NA ABA #: 071000288 BMO Harris Bank 111 W. Monroe Street Chicago, IL 60603, USA Beneficiary Name: Alpaca Markets Beneficiary Account #: 1636877 Beneficiary Address: 20 N. San Mateo Drive Suite 2 San Mateo, CA 94401 For Further Credit To: (Alpaca 9-digit account number)
ACATs	DTC: 3856 (Velox Clearing) Account: 1PS00201 Primary MPID: VLOX