

# Change of Custodian and Broker-Dealer Request

## OFFICE USE ONLY

This section must be completed by the financial professional before this form is presented to the client for execution.

**CHECK APPLICABLE** - Check One Box Only

- This transfer is not for an IRA, Qualified Retirement Plan (QRP) account, or Education Savings Account (ESA), and as a result Section 1 of the form has been left blank.
- This is a transfer of an IRA, QRP account or ESA, and I confirm Section 1 is accurate and was completed prior to this form being presented to the client for execution.

### Section 1 - IRA, QRP Account or ESA Transfers

If applicable, this section must be completed by the financial professional before this form is presented to the client for execution

**A. Is the Transfer financial professional Recommended or Client-Initiated** - Check One Box Only - The financial professional must complete Part A for all like-to-like IRA, QRP or ESA transfers.

- Financial Professional Recommended** - This transfer was recommended by the financial professional for the reason(s) identified in Part B below (if checked, Part B must be completed)
- Client-Initiated** - The Client independently, without any recommendation, decided to initiate this retirement account transfer (if checked, do not complete Part B)

**B. Reasons for Recommendation** - Check All That Apply - Part B must be completed if the transfer was recommended.

The specific reason(s) for recommending this transfer are:

- To consolidate accounts and simplify account management (including consolidate statements, tax reporting, beneficiary planning, and/or other general ease of access)
- To work with a financial professional and receive further advice and assistance with financial/retirement planning
- To move from a self-directed account to a full-service account to get investment advice
- To have access to more or different investment options

### Section 2 - Change of Custodian and Broker-Dealer Request Information (Required)

**Date:** \_\_\_\_\_

\_\_\_\_\_  
Insurance Company Name

**Attn:** Policy Services

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

\_\_\_\_\_  
Insurance Company Address

**RE:** Client Name: \_\_\_\_\_

Contract Number: \_\_\_\_\_

Client's Tax ID: \_\_\_\_\_

On the above referenced contract, please change the following:

1. Owner to: Wells Fargo Clearing Services, LLC (WFCS) as Custodian

WFCS Tax ID #: 23-2384840

FBO: \_\_\_\_\_  
Client Name

Account(s) carried by First Clearing. First Clearing is a trade name used by Wells Fargo Clearing Services, LLC, a registered broker-dealer and non-bank affiliate of Wells Fargo & Company.

2. Beneficiary to: Same as above

3. Agency of record to:

\_\_\_\_\_ (clearing firm 0141) Associated Firm ID: \_\_\_\_\_  
BDR Name

Agent: \_\_\_\_\_  
FA Information

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Branch Address

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

4. Please network to brokerage account number: \_\_\_\_\_ (eight digits, no dashes or spaces)

**X** \_\_\_\_\_  
Client Signature

**X** \_\_\_\_\_  
Authorized Signature of Resigning Custodian (*if applicable*)

**X** \_\_\_\_\_  
Authorized Signature of WFCS as Custodian\*

\* Forward to Account Transfers Department - Fax to 844-879-0941 or interoffice to H0006-095 for WFCS endorsement.

**Important: Signature of resigning custodian must be obtained prior to submitting this request to Account Transfers.**