

ACCOUNT TRANSFER AUTHORIZATION FORM

Date: _____

To: (FIRM YOU ARE TRANSFERRING YOUR ACCOUNT FROM)

Telephone #:

Account Name:

Account Number(s):

FROM RECEIVING FIRM:

Ironbeam, Inc.
141 W. Jackson Blvd., Suite #2600
Chicago, IL 60604
Attention: New Accounts
Toll Free: 1.800.341.1941
Phone: 1.312.765.7250
Fax: 1.312.765.7201

Dear Sir/Madam:

Please be advised that the customer named above desires to transfer its account balance, margin, open futures and options positions and treasury bills from your firm to Ironbeam, Inc., 141 W. Jackson Blvd., Suite #2600, Chicago, Illinois 60604, effective _____, 20____ (“Effective Date”). Accordingly, this letter will serve as authorization and direction to you to close such customer’s account(s) with your firm and send a wire transfer representing the net available cash balance in each of such customer’s account (regulated and non-regulated) as of the market close of the Effective Date in accordance with the wire transfer instructions set forth below. If you are unable to send the funds by wire transfer, you are directed to issue a check and make such a check payable and send it as instructed below.

WIRE:

BMO Harris Bank, N.A.
Chicago, Illinois
ABA#: 071-000-288
Credit to: Ironbeam, Inc.
Customer Segregated Funds
Account Number: 3031226
For further credit to: (Your name & Ironbeam acct. #)

CHECK:

Ironbeam, Inc.
141 W. Jackson Blvd., Suite #2600
Chicago, Illinois 60604
Attn: New Accounts
Further Benefit of: (Account Name)

In addition, the undersigned directs you to cancel any pending open orders and transfer all open futures and options positions to Ironbeam, Inc., including the margin held to secure the customer’s open positions with your firm as of the market close of the Effective Date.

Please include a copy of the Customer’s last account statement.

Signature 1

X

Print Name and Title (If applicable)

Date

Signature 2

X

Print Name and Title (If applicable)

Date
