

FAXED TO: Equity Trust Company	SENT BY:
DATE:	RETURN FAX NUMBER:
DELIVERING FIRM NAME:	TELEPHONE NUMBER:

CLIENT'S NAME	SOCIAL SECURITY NUMBER	CURRENT ACCOUNT NUMBER	RECEIVING FIRM	NEW ACCOUNT NUMBER	BROKER CHANGE ONLY	TRUSTEE TO TRUSTEE TRANSFER	ROTH IRA
					<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"/>

By submission of this request for fee billing and fee approval for delivery of assets under Rule 412, we hereby agree to ensure payment of fees due as described within ten (10) business days.

Please feel free to contact us at 800-209-9010 or via facsimile at 302-999-9554.

 Authorized Signature / Delivering Firm