

**AUTHORIZATION FOR ELECTRONIC TRANSFER
(AUTOMATED CLEARING HOUSE)**

To: Penson Financial Services, Inc.
1700 Pacific Avenue
Suite 1400
Dallas, Texas 75201

ATTN: Banking Department
Account # _____

I/We authorize Penson Financial Services, Inc., (“Penson”) to transfer funds via ACH from my securities account to my bank account as follows: (In the event an entry is incorrect, Penson reserves the right to submit correcting entries.)

New ACH Authorization Change of Existing Authorization

The Banking Department must be notified of any changes to the money market account, i.e. switching of money market funds or closure. Penson Financial Services, Inc. does not accept incoming ACH's.

The receiving bank account is (choose one)

Checking (attach voided check below) Savings (attach letter on bank letterhead)

The type of transfer requested is (choose one)

As occurring (non-specific) for (choose one)

Dividends or Interest & Principal Paydowns

Dividends or Interest only

Proceeds from all sales & maturities

Phoned request

Recurring (specify below)

Amount: \$ _____ (must be the same amount each time)

Day of Month: _____ (i.e. 15th, 30th, etc.)

Number of Months: _____ Until Further Notice: _____

Attached is a voided check that will provide all necessary bank routing information. I understand that the ACH activation will take approximately 10 business days from the date of receipt of these instructions. I understand that recurring transfers, if applicable, will occur no later than the next business day, assuming funds availability. **Please be advised that funds must be readily available in the cash account or money market fund or there is a possibility the ACH will be delayed or bounced.** No notification will be sent for returned ACH's. I agree to hold Penson and their agents free of liability for their compliance with these instructions.

This authorization shall remain in full force and effect until instructions to terminate or alter are received in writing by Penson Financial Services, Inc.

Account Owner Signature

_____/_____/_____
Date

Joint Account Owner Signature, if applicable

_____/_____/_____
Date

Attach Voided Check Here