

Third Party Release

TPR

Account Number

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Rep ID

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Instructions: This form must accompany certificates that are being deposited into an account where the registered shareholder of the certificate(s) and/or titling differs from the account registration. This document acts as a letter of instruction to change the name, address and tax identification number to a new shareholder. It must be completed by the registered shareholder(s) name on the certificate(s). Validation of client signature(s) is required.

Please fax the completed form to the Custody Department at (858) 202-8602.

1. Account Information

Certificate Registration Social Security Number / Tax ID

2. The undersigned hands AXA Advisors, LLC (AXA) and LPL Financial LLC (LPL) herewith the following certificates:

Certificate Number	Number of Shares	Issue
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Please deposit these certificates into the following account:

Account Registration Account Number

4. Authorization

The undersigned requests that you place all of the certificates named in Section 2 that are in my/our name(s) and duly endorsed by me/us in the account referenced in Section 3. These account holders are the true and lawful owners of the securities represented by said certificates and you may treat them as the owner thereof, and of any income and benefits therefrom, and of any resulting proceeds from any sale thereof. The undersigned further represents that he/she/they is/are of lawful age and in all respects legally competent.

City State

Account Holder Signature _____ Account Holder Name (print) _____ Date _____

Joint Account Holder Signature _____ Joint Account Holder Name (print) _____ Date _____

5. Financial Professional Authorization

My customer(s) is/are well known to me, and I validate that the signature(s) on the attached document is/are genuine. I agree for myself and my successors, assigns, heirs, executors, and administrators to all times indemnify and hold harmless LPL, AXA, and all of their staff and third-party providers, acting as authorized agents of LPL and/or AXA, from and against any and all claims, losses, liabilities, taxes, damages, actions, charges, and expenses, including attorney fees, resulting from your compliance with this request. LPL reserves the right to verify the authenticity of any signature.

Financial Professionals or Registered Principal Signature _____ Financial Professionals or Registered Principal Name (print) _____ Date _____

