



Omar Hodge Bldg-Road Town, Tortola.  
British Virgin Islands

**UNIVERSAL TRANSFER FORM**

**The Information below must be completed in FULL.**

**Customer Name**

**Account Type:**  
 Individual    Joint    Business

**Customer Info:** (must match existing account application on file)

<b>Mailing Address</b>	<input type="text"/>	<b>Telephone</b>	<input type="text"/>
<b>City</b>	<input type="text"/>	<b>State/Province</b>	<input type="text"/>
<b>Email Address</b>	<input type="text"/>	<b>Zip Code</b>	<input type="text"/>

**SECTION A: (Transferring from an FCM Account to an FXCBS Account)**

In connection with the undersigned customer ("Customer") having agreed to open an account with FIENEX Group, for the trading of over-the-counter spot, forward, and options contracts for foreign currency (collectively, "foreign currency contracts"), Customer hereby authorizes FIENEX Group, to present this document at its discretion to Customer's current foreign currency broker ("Broker"), whose name and address are set forth below, requesting the immediate transfer of Customer's account to FIENEX Group.

Upon presentation of this document by FIENEX Group, Broker is hereby directed to close out all open foreign currency positions held by Customer and transfer immediately to FIENEX Group all funds, securities, or property deposited in such account to margin, or to secure such positions. FIENEX Group, is further directed to send Customer a confirmation of the transfer.

**Current Broker Info:**

<b>Date</b>	<input type="text"/>	<b>Transfer Amount in USD\$:</b>	<input type="text"/>
<b>Broker Name</b>	<input type="text"/>	<b>Current Broker</b>	<input type="text"/>
<b>Address</b>	<input type="text"/>	<b>Login Name</b>	<input type="text"/>
<b>Telephone</b>	<input type="text"/>	<b>Fax #</b>	<input type="text"/>
		<b>Fxcbs Account</b>	<input type="text"/>

**FIENEX Group Wire Information:**

**FIENEX Group**

<input type="text"/>
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**SECTION B: (Transferring from an FXCBS Account to another FXCBS Account)**

All open positions must be closed prior to any transfers. The request will be processed within 1 business day of receipt of this form.

**FXCBS Account Info:**

<b>Date</b>	<input type="text"/>	<b>Transfer From Account Number:</b>	<input type="text"/>
<b>Transfer Amount in USD\$:</b>	<input type="text"/>	<b>Transfer to Account Number</b>	<input type="text"/>

Please make sure that all of the above information is correct and legible to avoid delays in processing time.

I/We hereby represent that the information provided by me/us is true and correct. I/We further represent that I/we will notify FIENEX GROUP of any material changes in writing. Fienex Group reserves the right, but has no duty, to verify the accuracy of information provided, and to contact various sources as it deems necessary. I/We acknowledge that the Fienex Group, Transfer of Account Authorization Form, is a legally binding contractual agreement. I/We have carefully read a recent version of this agreement, and I/we agree to be bound by every term and condition.

<b>Primary Customer Signature</b>	<b>Date</b>	<b>Joint Customer Signature</b>	<b>Date</b>
<hr/>	<hr/>	<hr/>	<hr/>
<b>Print Primary Name</b>		<b>Print Joint Name</b>	
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