

Not for use in Trustee  
to Trustee Transfers  
of Qualified Plans

**Customer Account Transfer Request**

| Account You Are Transferring From: |     |        | Account Information               |  |
|------------------------------------|-----|--------|-----------------------------------|--|
| Financial Institution Name:        |     |        | Account Name:                     |  |
| Address:                           |     |        |                                   |  |
|                                    |     | Phone: | Account Number:                   |  |
| City:                              | ST: | Zip:   | Social Security or Tax ID Number: |  |

| Account You Are Transferring To:   |  | Account Information |  |
|--|--|---------------------|--|
| Beach Business Bank<br>1230 Rosecrans Ave., Suite 100<br>Manhattan Beach, CA 90266<br>(310) 536-2260 |  | Account Name:       |  |
|  |  | Account Number:     |  |

**Type of Transfer:**

Full Account Transfer

- Liquidate and Transfer cash
- Liquidate Certificate of Deposit IMMEDIATELY (*I acknowledge the penalty I may incur from an early withdrawal*)
- Liquidate Certificate of Deposit AT MATURITY (*Submit this transfer no earlier than 30 days prior to maturity*)

Partial Transfer

- Liquidate and Transfer \$\_\_\_\_\_ from the cash balance in the account.
- Liquidate the following assets and transfer cash:

| Quantity | Asset or Fund Name | Dividend and Capital Gains        |                                   |
|----------|--------------------|-----------------------------------|-----------------------------------|
|          |                    | <input type="checkbox"/> Cash out | <input type="checkbox"/> Reinvest |
|          |                    | <input type="checkbox"/> Cash out | <input type="checkbox"/> Reinvest |
|          |                    | <input type="checkbox"/> Cash out | <input type="checkbox"/> Reinvest |
|          |                    | <input type="checkbox"/> Cash out | <input type="checkbox"/> Reinvest |

Please transfer the funds as detailed above to Beach Business Bank. I authorize you to liquidate the assets named above and deduct any outstanding fees due you from the credit balance prior to transfer. I understand that upon receiving a copy of this transfer instruction, you will cancel all open orders for my account on your books. I affirm that I have destroyed credit/debit cards and/or unused checks issued to me in connection with this account. I understand that you will contact me with respect to the disposition of any assets in my account that are non-transferable.

|   |      |   |      |
|---|------|---|------|
| <input type="checkbox"/> By Check: Beach Business Bank<br>1230 Rosecrans Ave., Suite 100<br>Manhattan Beach, CA 90266<br>Attn: Operations |      | <input type="checkbox"/> By Wire: Beach Business Bank<br>ABA 122243774<br>For Benefit of (Client's Name and Account Number) |      |
| Client Signature  | Date | Joint Account Holder Signature  | Date |

Signature Guaranteed by:

*Medallion Signature Guarantee Program, if required*