

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 1230 Rosecrans Ave., Suite 100 Manhattan Beach, CA 90266 (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 1230 Rosecrans Ave., Suite 100 Manhattan Beach, CA 90266 Attn: Operations		<input type="checkbox"/> By Wire: Beach Business Bank ABA 122243774 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