LPL Financial

Journal Request (Non-Retirement)

Instructions: Use this form for a one-time journal of securities and/or cash from one LPL non-retirement account to another. **Do NOT use this form for journals to or from LPL retirement accounts, transfers of assets to or from any external institution, or journals between accounts with different rep IDs. Only cash and/or Optimum Funds can be journaled into Optimum Market Portfolios accounts.** Fax the completed form to Journal Processing, (858) 646-7455.

1. **Journal From:**

Account Number | **Account Registration** | **Rep ID**

2. **Journal To:**

In consideration of the acceptance by you, please transfer the securities and/or monies listed in Section 3 into the name of, or credit to the account of:

Account Number | **Account Registration**

Relationship to 'From' Account Owner(s)

3. **I do hereby relinquish all right, title, and interest thereto (select one):***

◯ **All Assets/Entire Account (ADVISOR WILL CLOSE ACCOUNT via Change Account function on BranchNet)****

◯ **All Assets/Entire Account (ADVISOR WILL NOT CLOSE ACCOUNT)**

Please note: Advisory accounts valued at an amount below the program minimum are subject to being closed.

◯ **All Securities** ◯ **All Available Monies** ◯ **Specific Dollar Amount** $

◯ **Specific Securities** (list below; if more space is needed, attach a client-signed list)

Number of Shares	Name of Security	CUSIP/Symbol

***Only cash and/or Optimum Funds can be journaled into Optimum Market Portfolios accounts.**

****The sweep function for ICA program accounts will be deactivated. Upon deposit of additional funds in the account, please contact your financial advisor to reactivate the ICA program cash sweep function.**

4. **All parties on the 'from' account must sign below.**

I hereby finally and irrevocably release and discharge you of any claims by me or my legal representatives with reference to the foregoing, including the proceeds of the sale or other disposition thereof. I acknowledge receiving a copy of this agreement.

Client Signature | Client Name (print) | Date

Client Signature | Client Name (print) | Date

Client Signature | Client Name (print) | Date

Validation of Client Signature

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, my successors, assigns, heirs, executors, and administrators to at all times indemnify and hold harmless LPL Financial Corporation (LPL) and all LPL staff and third party providers, acting as authorized agents of LPL, 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.

LPL Financial Advisor Signature | LPL Financial Advisor Name (print) | Date