



## Employment Information

Status (select one):

- Employed       Self-Employed       Student  
 Retired       Self-Supported       Volunteer  
 Unemployed       Work in the Home

Occupation, Industry, Employer Name and Address are only required if your employment status is "employed" or "self-employed."

Occupation \_\_\_\_\_

Industry (i.e., Construction, Service, etc.) \_\_\_\_\_

Employer Name \_\_\_\_\_

Employer's Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone (optional) \_\_\_\_\_

\_\_\_\_\_

Business Fax (optional) \_\_\_\_\_

\_\_\_\_\_

## Client Agreement

### BY SIGNING BELOW, I UNDERSTAND, ACKNOWLEDGE AND AGREE TO EACH OF THE FOLLOWING:

**A.** That I have reviewed the section entitled Conducting Business with UBS: Guide to Investment Advisory and Broker Dealer Services. I understand the material distinctions between advisory and broker-dealer services and acknowledge that, the Master Account Agreement found in the "Important Account Information and Disclosures" booklet establishes a brokerage account, and UBS' obligations as it pertains to that account will be that of a "broker-dealer" as described in the disclosure section and in the brokerage agreement.

**B.** UBS Financial Services does not provide legal or tax advice.

**C.** In accordance with the last paragraph of the Master Account Agreement titled "Arbitration," I am agreeing in advance to arbitrate any controversies which may arise with UBS Financial Services and others.

**D.** Unless I write to and authorize UBS Financial Services to do so, UBS Financial Services will not supply my name to issuers of any securities held in my account. I will receive information from UBS Financial Services regarding those securities, but I will not receive information regarding those securities directly from the issuer.

**E.** I have received and read a copy of this Client Information and Agreement For Individuals form, the IRA Account Application or Resource Management Account Application form ("Account Application"), as applicable, and the Master Account Agreement (which contains a copy of these Paragraphs A through F), and I agree to be bound by their terms and conditions to the same extent as if those terms and conditions were contained in this document as of this date.

**F.** I have received a copy of, read and understand the Firm's Loan Disclosure Statement, Information About Your Relationship with UBS, and the "Important Account Information and Disclosures" booklet containing, among other things, the Master Account Agreement, UBS Retirement Money Fund prospectus, UBS RMA Money Funds prospectus, UBS Financial Services' Client Privacy Notice, the Deposit Account Sweep

Program Disclosure Statement, the Statement of Credit Practices, Instructions for W 9 Preparation, Selected Fee & Charges and other terms and conditions and important information regarding my account with UBS Financial Services. I agree to be bound by the terms and conditions in the Important Account Information and Disclosures booklet to the same extent as if those terms and conditions were contained in this document.

**G.** Information I provide in this form will supersede comparable information I may have provided in a previous Client Information and Agreement for Individuals form or account application and agreement.

### W-9 Form Certification

Under penalties of perjury, I certify that: (1) the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including a U.S. resident alien).

**Certification Instruction:** You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest or dividends on your tax return.

If the information in this form is for a minor on a custodial account the custodian (adult) on the account must sign below.

**Sign Here** 

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

## IRA Account Application

Account Type: Brokerage (***except when executed in connection with opening an advisory account***)

Please read the important disclosures entitled Conducting Business with UBS: Guide to Investment Advisory and Broker Dealer Services contained in the Important Account Information and Disclosures booklet for a summary of the main distinctions between investment advisory and brokerage services and our respective duties and obligations.

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### Product and Account Ownership

**Any changes or corrections to the information on this application must be initiated by you.**

Type of IRA account:

- Traditional IRA (TI) – Type of Traditional IRA being established (check one):  
 Traditional Contributory IRA (I)    Rollover IRA (R)    SEP-IRA (S)    CODA-SEP (V)  
 Roth IRA (RN) – Not available for a rollover from an employer sponsored plan other than a Roth 401(k).  
 SIMPLE IRA (SA) – Attach the UBS Financial Services Inc. SIMPLE Plan Adoption Agreement (SI) form or the Agreement for Employers Using Non-UBS Financial Services Inc. Prototype SIMPLE Plan Document (ES). Not available for a rollover from an employer sponsored plan.

Name: \_\_\_\_\_

#### Account Address

Account Address Line 1 \_\_\_\_\_

Account Address Line 2 \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Location of Address:

- Home:    Legal Residence    Secondary  
 Business:    Primary    Secondary  
 Other: *(specify)* \_\_\_\_\_

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### Account Investment Objectives

**Aggressive/Speculative:**

*Seeks the potential for significant appreciation; willing to accept a high degree of loss of principal.*

**Moderate:** *Seeks potential returns with a lower risk of loss of principal.*

**Conservative:** *Seeks securities that are most likely to preserve principal with low risk.*

**Return Objective:** *(select one)*

- Capital Appreciation: Investments seeking growth of principal rather than the generation of income.  
 Current Income and Capital Appreciation: Investments seeking both the generation of income and the growth of principal.  
 Current Income: Investments seeking the generation of income.

**Primary Risk Profile:** *(select one)*

- Aggressive/Speculative    Moderate    Conservative

**Secondary Risk Profile:** *(Optional, this may be applicable if you intend to engage in options trading)*

- Aggressive/Speculative    Moderate    Conservative



Continue 

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**Senior Political Affiliation**

Are you, any authorized signatories, beneficial owners, trustees, power of attorneys or other individuals with authority to effect transactions, or any of their immediate family members or close associates a:

I) Current U.S. political official (as defined in section B below)?  No  Yes; complete:

A) Political Official's Name: \_\_\_\_\_

B) Current Position:  President  Vice President  US Cabinet Member  
 Speaker of the House of Representatives  Supreme Court Justice  
 Chairman of the Joint Chiefs of Staff  Ambassador

C) Relationship to Client(s):  Self  Immediate family member  Close associate  
 Associated with business or trust

II) Current or former Senior non-U.S. political official, non-U.S. Religious Group/Organization, or Senior/Influential representative of a non-U.S. Religious Group/Organization?  No  Yes; complete:

Political Official's Name: \_\_\_\_\_

Current or Former Position: \_\_\_\_\_

Relationship to Client(s):  Self  Immediate family member  Close associate  
 Associated with business or trust

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**Source of Funds**

*If funds are from investments transferred from another firm, please indicate the source of funds to purchase the initial investments.*

**Please indicate the source of funds in the account:** (Check all that apply.)

Income from current/previous employment or business.  
 If you are not currently employed, provide the following information from your last employment.

Occupation	Employer Name	City	State
<input type="checkbox"/> Inheritance-from whom: _____		<input type="checkbox"/> Gifts-from whom: _____	
<input type="checkbox"/> Sale of Real Estate-location: _____		<input type="checkbox"/> Legal Settlement	
<input type="checkbox"/> Sale of Business-name: _____		<input type="checkbox"/> Other-specify: _____	

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**Account Features**
**SWEEP OF UNINVESTED CASH BALANCES**

All accounts automatically default to the UBS Bank USA Deposit Account Sweep Option.

Check here if you would like to cap the amount of funds that will sweep into the UBS Bank USA Deposit Account Sweep Option (\$100,000 per account, on a per account basis). Amounts in excess of the cap will sweep into your secondary sweep option.<sup>1</sup>

If you selected a cap by checking the box above, your secondary sweep option will automatically default to Retirement Money Fund. UBS Retirement Money Fund is sold by prospectus only.

**DUPLICATE PARTIES**

If you would like duplicate trade confirmations and statements sent to additional individuals, complete the following:

_____ Name of Duplicate Party			_____ Name of Duplicate Party		
_____ Street Address			_____ Street Address		
City	State	Zip	City	State	Zip
Citizenship: <input type="checkbox"/> USA <input type="checkbox"/> Other: (specify) _____			Citizenship: <input type="checkbox"/> USA <input type="checkbox"/> Other: (specify) _____		
Check all that apply: <input type="checkbox"/> Trade Confirmation Recipient <input type="checkbox"/> Statement Recipient			Check all that apply: <input type="checkbox"/> Trade Confirmation Recipient <input type="checkbox"/> Statement Recipient		
_____ Internal Location Code (UBS Financial Services Use Only)			_____ Internal Location Code (UBS Financial Services Use Only)		

<sup>1</sup>If you have multiple accounts at UBS Financial Services Inc. held in the same recognized legal capacity that will sweep into the UBS Bank USA Deposit Account Sweep Option, once uninvested cash in those accounts exceed the \$100,000 per depositor threshold in the aggregate (or \$250,000 per account owner threshold in the aggregate for some retirement accounts), then your aggregate funds on deposit with UBS Bank USA will exceed FDIC insurance coverage limits. UBS Financial Services Inc. will not be responsible for any insured or uninsured portion of the Deposit Accounts. (Refer to the UBS Financial Services Inc. Deposit Account Sweep Program Disclosure Statement terms and conditions for more details.)

**Beneficiary Designation**

This section accommodates naming up to two primary beneficiaries and up to two contingent beneficiaries for each primary beneficiary. To name additional beneficiaries, attach additional copies of this page, put your signature and date on the bottom of each additional page and check here .

Make sure all your primary beneficiaries' percentages add up to 100% and all your contingent beneficiaries' percentages for each primary beneficiary add up to 100%. Make sure you check one of the three boxes for how your primary beneficiaries portion will be paid. Failure to check a box designating how your primary beneficiaries portions should be paid will result in payment to the contingent beneficiaries named for that primary beneficiary and, if none, to the other primary beneficiaries proportionately. You may name your spouse, trust, estate, other individuals, charities or other institutions as beneficiaries.

**This beneficiary information will be reflected on your UBS Financial Services Inc. statements unless you elect not to have it appear by checking this box:**

**FIRST PRIMARY BENEFICIARY**

\_\_\_\_\_  
Name of Individual or Entity

\_\_\_\_\_  
Social Security or Tax ID Number

\_\_\_\_\_  
Relationship

If this primary beneficiary dies before you, indicate how you want this portion to be paid:

- To the other remaining primary beneficiaries named on this form *(choose one)*:
- Proportionately  Equally
- To this primary beneficiary's estate
- To the contingent beneficiary(ies) named below  
*(not available if your estate is your primary beneficiary)*

%  /  /   
Percent Date of Birth

\_\_\_\_\_  
Contingent Beneficiary Name

\_\_\_\_\_  
Social Security or Tax ID Number

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Contingent Beneficiary Name

\_\_\_\_\_  
Social Security or Tax ID Number

\_\_\_\_\_  
Relationship

%  /  /   
Percent Date of Birth

%  /  /   
Percent Date of Birth

Must equal 100%

Must equal 100%

**SECOND PRIMARY BENEFICIARY**

\_\_\_\_\_  
Name of Individual or Entity

\_\_\_\_\_  
Social Security or Tax ID Number

\_\_\_\_\_  
Relationship

If this primary beneficiary dies before you, indicate how you want this portion to be paid:

- To the other remaining primary beneficiaries named on this form *(choose one)*:
- Proportionately  Equally
- To this primary beneficiary's estate
- To the contingent beneficiary(ies) named below  
*(not available if your estate is your primary beneficiary)*

%  /  /   
Percent Date of Birth

\_\_\_\_\_  
Contingent Beneficiary Name

\_\_\_\_\_  
Social Security or Tax ID Number

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Contingent Beneficiary Name

\_\_\_\_\_  
Social Security or Tax ID Number

\_\_\_\_\_  
Relationship

%  /  /   
Percent Date of Birth

%  /  /   
Percent Date of Birth

Must equal 100%

**Does your spouse need to sign this Beneficiary Designation?**

If you are married and live in a community or marital property state (AZ, CA, ID, LA, NV, NM, TX, WA, WI) and your spouse is not named as Primary Beneficiary of at least 50% of the IRA assets, your spouse must sign below.

By signing below, I give any community property interest I have now, or in the future, in these IRA assets to my spouse. I instruct you to distribute any such community property interest I may have in these IRA assets to the beneficiaries designated on this form.

Spouse's Signature

Spouse's Printed Name

Date

Notary Public Signature

Seal

Continue 



Account Number \_\_\_\_\_

**Custodian Fees**

Annual Maintenance Fee: \$40.00

Transfer/Termination Fee: \$75.00

Complete information regarding account fees and expenses is found in the accompanying Important Account Information and Disclosures booklet. The annual maintenance fee will be deducted from your account unless you wish to pay by check.

**Note:** A check for the initial maintenance fee must be received when the account is established.

**Account Holder Certification**

I hereby establish the type of Individual Retirement Account selected on this Application ("IRA") and designate UBS Financial Services Inc. ("UBS Financial Services") to serve as custodian of the IRA under the terms of the related Custodial Agreement and effective upon UBS Financial Services Inc.'s acceptance. **BY SIGNING BELOW, I UNDERSTAND, ACKNOWLEDGE AND AGREE THAT:**

**A.** I have reviewed the section entitled Conducting Business with UBS: Guide to Investment Advisory and Broker Dealer Services. I understand the material distinctions between advisory and broker-dealer services and acknowledge that, the Master Account Agreement found in the "Important Account Information and Disclosures" booklet establishes a brokerage account, and UBS' obligations as it pertains to that account will be that of a "broker-dealer" as described in the disclosure section and in the brokerage agreement.

**B.** Upon execution of this IRA Account Application ("Account Application"), I will have supplied all of the information requested in the Account Application and the Client Information and Agreement For Individuals form, and I confirm that all of the information provided is true and accurate. I understand that I will receive a written notice of certain information I have provided about myself and this Account and I agree to review that notice and promptly notify UBS Financial Services in writing of any material changes to

any or all of the information contained in the Client Information and Agreement For Individuals form and this Account Application, including, but not limited to, information relating to my financial situation or investment objectives.

**C.** An annual service fee will be charged as described in the Fees and Charges section of the Master Account Agreement.

**D.** I have received a copy of, read and understand the "Important Account Information and Disclosures" booklet containing, among other things, the Master Account Agreement (which contains a copy of these Paragraphs A through E), the Custodial Agreement and Disclosure Statement applicable to the IRA. I agree to be bound by the terms and conditions in the Important Account Information and Disclosures booklet to the same extent as if those terms and conditions were contained in this document as of this date.

**E.** Pursuant to the Custodial Agreement, any interest in this IRA that is not effectively disposed of by the beneficiary designation I make in this Application or any subsequent beneficiary designation will be paid to my surviving spouse, and if no surviving spouse, to my estate.

**F.** I agree that this Account is also governed by my Client Information and Agreement For Individuals form, and the other documents incorporated there by reference.



\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**UBS FINANCIAL SERVICES INC. BRANCH USE ONLY**

\_\_\_\_\_  
Financial Advisor Temporary Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Financial Advisor Final Approval

\_\_\_\_\_  
Date

*(indicates acceptance by UBS Financial Services Inc.)*

Check here to certify that the client has been informed of all possible sweep options.

Is the FA registered in both the client's state of residence and mailing address?  Yes  No

What was the initial transaction for this account?  Buy  Sell  Deposit  Transfer of Accounts

Initial Transaction Information: Security Name: \_\_\_\_\_ Security Symbol: \_\_\_\_\_ Value: \$ \_\_\_\_\_ or Shares: \_\_\_\_\_

How was the account obtained?  Walk-In/Call-In /Mail-In  Seminar-CEFS/Adv Svcs  Referral: \_\_\_\_\_

Retirement Plan Code: \_\_\_\_\_ Assoc Code: \_\_\_\_\_ Managed Account Code: \_\_\_\_\_ Family of Account Code: \_\_\_\_\_

**For SIMPLE IRAs Only:**

Plan Structure:  (N) Non-Pooled

Plan Setup:  (P) Participant  (N) Non-Participant (If plan setup is "P," enter employer's account number: \_\_\_\_\_)

## Additional Address Information

Complete for each additional address

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Address Line 1

---

Address Line 2

---

City State Zip

Location of Address:

Home:  Legal Residence  Secondary

Business:  Primary  Secondary

Other: *(specify)* \_\_\_\_\_

---

Address Line 1

---

Address Line 2

---

City State Zip

Location of Address:

Home:  Legal Residence  Secondary

Business:  Primary  Secondary

Other: *(specify)* \_\_\_\_\_

---

Address Line 1

---

Address Line 2

---

City State Zip

Location of Address:

Home:  Legal Residence  Secondary

Business:  Primary  Secondary

Other: *(specify)* \_\_\_\_\_

---

Address Line 1

---

Address Line 2

---

City State Zip

Location of Address:

Home:  Legal Residence  Secondary

Business:  Primary  Secondary

Other: *(specify)* \_\_\_\_\_



Account Number

# Account Transfer

## About Your UBS Financial Services Inc. Account

Account Title

**For Retirement Accounts Only** – Account is to be transferred into a:

- Traditional IRA   
  Traditional IRA Rollover   
  SEP IRA   
  Roth IRA   
  QP  
 SIMPLE IRA   
  CODA SEP-IRA   
  Coverdell Education Savings Account

The account is transferring from a qualified retirement plan by means of a direct rollover into a\*:

- Traditional IRA   
  SEP IRA   
 Rollover IRA   
 CODA SEP IRA

*\*Pursuant to IRS Regulations, qualified retirement plan assets cannot be rolled over to a SIMPLE IRA or Roth IRA.*

## About the Account You Are Transferring

Please refer to your statement for the following information and attach a complete copy of your most recent statement for this account.

Name(s) and Title of Account on your statement

Name of Firm/Fund Company

Your Account Number

Street Address of Firm/Fund Company

Please complete a separate form for each account you transfer (photocopies are acceptable).

SS#/TIN:

City

State

Zip

## Type of Transfer You Are Making

 Please answer the following questions

**Do you wish to transfer your entire account?**  Yes  No

If you answered "yes," skip to the next question. If you answered "no," and the transfer is not coming directly from an insurance or mutual fund company, please provide the following information for the assets you intend to transfer.

Indicate the number of shares of each asset you wish to transfer or write "all" under the quantity field.

Description of Asset	Quantity	Description of Asset	Quantity
1.		5.	
2.		6.	
3.		7.	
4.		8.	

**Are you transferring directly from an insurance or mutual fund company?**  Yes  No

If you answered "no," skip to the next question. If you answered "yes," please provide the following information for each annuity or mutual fund you intend to transfer. (Some assets are not transferable. If the asset is not transferable, UBS Financial Services Inc. can be named broker-dealer and/or custodian at the company, or the assets can be sold. Requests to sell positions are dependent upon the delivering firm receiving and processing the request and may take several weeks to complete. Liquidations can also be processed by calling the delivering firm.)

Name of Fund/Annuity	Account Number	Quantity (indicate number of shares or "All")
1.		
2.		
3.		
4.		

### UBS Financial Services Inc. Branch Use Only

0221

UBS Financial Services Inc. DTCC Clearing Number

Broker Clearing Number

Custodian or Trustee of Account (if applicable)

CONTINUE

**Type of Transfer You Are Making** *Continued*

**Are you transferring directly from a Bank, Savings and Loan or Credit Union?**  Yes  No

If you answered "no," skip to the next question. If you answered "yes," please complete the following section.

I am only transferring cash. Please transfer:  All cash in account  Only \$

I have a CD that I want to transfer. Please:

Liquidate it IMMEDIATELY. I am aware of and acknowledge the penalty I will incur from any early withdrawal.

Liquidate it AT MATURITY. Maturity date  /  /    (Please submit 2 weeks before maturity date.)

**Do you wish to liquidate any assets as part of this transfer?**  Yes  No

If you answered "yes," you must complete a Liquidation Letter, which is available from your Financial Advisor or online. Liquidations can also be processed by contacting the branch operations manager of the delivering firm.

*Initiate the transfer of a maturing Certificate of Deposit (CD) no more than two weeks prior to the maturity date. Otherwise, you may incur early withdrawal penalties.*

**Client Instruction**

Please transfer the assets specified to UBS Financial Services Inc., which has been authorized by me to make payment to you of the debit balance or to receive payment of the credit balance in my securities account and will act as clearing broker by arrangement with UBS Financial Services Inc. I understand that to the extent any assets in my securities account are not readily transferable, with or without penalties, such assets may not be transferred within the time frame required by New York Stock Exchange Rule 412 or similar rule of the National Association of Securities Dealers or other designated examining authority.

Unless otherwise indicated in the instruction contained herein, I authorize you to liquidate any proprietary money market fund assets that are part of my securities account and transfer the resulting credit balance to UBS

Financial Services Inc. I understand that you and/or UBS Financial Services Inc. will contact me with respect to the disposition of any other assets in my securities account that are either non-transferable or non-deliverable. If certificates or other instruments in my securities account are in your physical possession, I instruct you to transfer them in good deliverable form, including affixing any necessary tax waivers, to enable UBS Financial Services Inc. to transfer them in its name for the purpose of sale, when and as directed by me. I further instruct you to cancel all open orders for my securities account on your books if this is a full transfer as noted on this form.

I affirm that I have destroyed or returned to you any credit/debit cards and unused checks given to me in connection with my securities account if this is a full transfer as noted on the this form.

**Delivering Agent:** *Please refer to the attached page for delivery instructions.*




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 Account Owner's Signature

Date

Joint Account Owner's/Authorized Individual's Signature

Date

**Authorization** (UBS Financial Services Inc. completes).

To the prior trustee or custodian: Please be advised that UBS Financial Services Inc. will accept the above-captioned account as successor custodian.

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 Successor Custodian/Trustee Authorized Signature

Date

**FOR INTERNAL BRANCH USE ONLY**
**Liquidations**

1. Check with the client to determine if any assets require liquidation.
2. If liquidations are requested, ask the client to contact the branch operations manager at previous firm with verbal instructions or send the Liquidation Letter (BMKT3423) to the same person. Verbal instructions generally result in fewer delays in the transfer process. PLEASE DO NOT SEND LIQUIDATION INSTRUCTIONS TO THE ACCOUNT TRANSFER DEPT. Always follow up the next day to ensure receipt and execution of liquidation request.

**ACAT versus Non-ACAT**

The transfer is an ACAT transfer if both of the following conditions are met: the entire account is to be transferred and the delivering firm is ACAT-eligible.

Account is transferring via:  ACAT  Non-ACAT. The branch should process the transfer and retain the paperwork.

All Account Transfer procedures are available on InfoNet.



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## Account Transfer Form Delivery Instructions

Delivery Instructions: **All deliveries must include client name and UBS Financial Services Inc. account number.**  
(Tax Identification No. 13-2638166)

### All DTCC-Eligible Securities

Deliver to DTCC Clearing 0221. If you have any questions about the clearing number, please call 201-352-6300. **All deliveries must have client name and UBS Financial Services Inc. account number.**

### Dividend Reinvestment/Closed-end Mutual Funds

Issue a certificate for all whole shares, liquidate all fractional shares and discontinue dividend reinvestment. **All deliveries must include client name and UBS Financial Services Inc. account number.**

### Physical Delivery of Securities

Physical Securities Window  
UBS Financial Services Inc.  
1000 Harbor Blvd., 6th Floor  
Weehawken, NJ 07086  
**All deliveries must have client name and UBS Financial Services Inc. account number.**

### Retail Transfer of Federal Funds

UBS AG  
ABA #026007993  
UBS FINANCIAL SERVICES RETAIL INCOMING  
A/C #101-WA-258641-000  
F/C UBS-FINSVC CLIENT A/C NAME  
A/C UBS-FINSVC INTERNAL A/C NUMBER

### U.S. Government/Fed Book Entry Securities

ABA 021000021  
JPMChase/PAINE/CLIENT A/C # & NAME

### Forward Checks

UBS Financial Services Inc.  
1000 Harbor Blvd.  
Weehawken, NJ 07086  
Attn: Central Check Deposit, 8th Floor  
**All checks must include client name and account number.**

### For All Correspondence Related to a Liquidation or Transfer of Any Security or Annuity Product

UBS Financial Services Inc. Branch  
Call Phone Number on Client Statement to Obtain Proper Address  
**Do not send liquidation paperwork to Account Transfer Dept.**

### For All Other Account Transfer Related Correspondence From Contra Firms Only

(Clients: Please send to your Financial Advisor at the UBS Financial Services Inc. branch office.)

UBS Financial Services Inc.  
1000 Harbor Blvd.  
Weehawken, NJ 07086  
Attn: Account Transfer, 6th Floor  
**Must include client name and UBS Financial Services Inc. account number.**