

# Alternative Investment Non-Retirement Account Network Form

This form is to be utilized for the sole purpose of networking an Alternative Investment product(s) which are currently being held in a non-retirement account directly with the fund or fund administrator with regards to like to like registrations ONLY.

Complete all sections according to the instructions below. Please print or type all information. Return the completed form to your financial organization. You must attach your most recent brokerage account statement to process this account transfer.

## STEP 1. ACCOUNT INFORMATION

Investor Name	Primary Investor SSN/Tax ID
Co-Investor Name or Name of Trust	Co-Investor SSN or Trust ID
Brokerage Account Number	

Account Type(two-character code)

### Account Type Codes

Provide the two character account type code that most accurately describes your account.

NONRETIREMENT			
<b>SN</b>	Single	<b>CU</b>	Custodian
<b>JT</b>	Joint	<b>ES</b>	Estate
<b>TR</b>	Trust	<b>BC</b>	Bank Custody
<b>CT</b>	Cotrustee	<b>AG</b>	Agency
<b>CO</b>	Corporate	<b>OT</b>	Other

## STEP 2. INVESTMENT INFORMATION

Provide a copy of the clients most recent statement from the fund or fund administrator.

Investment Name	Investor Account Number at Issuer (if applicable)
Investment Share class (if applicable)	Number of shares

Please provide the current Dividend Election option listed below (if applicable):

CASH     REINVEST



## STEP 3. INSTRUCTIONS AND SIGNATURES

This instruction requires all cash dividends, distribution and redemption proceeds be paid directly to Pershing and posted to your account.

Please accept this letter as authorization to provide to and permit Pershing LLC, acting on behalf of my Broker-Dealer, to share with the Issuer, information regarding my account position(s), activity and other account related information. I am aware and approve of Pershing acting as custodian for my account in accordance with SEC Rule 15c3-3. Furthermore, any future instruction regarding account changes, transfers, re-sales, and redemptions must be approved by Pershing LLC.

This form shall serve as an instruction until such time as the Issuer receives written notice of my election to revoke this instruction.

Please provide all authorized signatures in this step in order to finalize this transfer.

### Investor(s)

#### Client

Print Name	Date
Signature X	

#### Joint Client

Print Name	Date
Signature X	

**\* Please note that certain sponsors may require client signature on fund specific re-registration documents along with this form in order to properly re-register this product to the clients Pershing brokerage account. Please check with the fund or fund administrator prior to submitting this request to ensure timely processing.**

#### Send completed forms to:

Pershing LLC, One Pershing Plaza, Jersey City, NJ 07399 Attention: Alternative Investment Department, by **Fax** to (866)355-5572 or **Online Upload via NetX360** with document type [BCAL](#)

**Cost Basis\*** Please deliver Cost Basis Information to Pershing LLC, One Pershing Plaza, Jersey City, NJ 07399. Attention Cost Basis Department or fax to (866)355-5620

**Tax Reporting\*** The responsibility in regards to the Tax Reporting must be completed by the issuer of this Alternative Investment product.

## STEP 4. BROKER DEALER/REGISTERED INVESTMENT ADVISOR

**To ensure the proper Broker Dealer and Registered Investment Advisor is updated with this request please complete ALL available sections in this step.**

Broker Dealer/Registered Investment Advisor Name		
Address		
City	State	Zip/Postal Code
Province/County/Subdivision	Country	