

TRANSACT FUTURES

ACCOUNT TRANSFER FORM

DATE SENT: _____

TO: TRANSFERRING FIRM
(NAME AND ADDRESS OF FIRM YOU ARE TRANSFERRING FROM)

FIRM NAME: FIRM ADDRESS: _____

FIRM PHONE NUMBER: _____

ACCOUNT NO.(S): _____

ACCOUNT TITLE: _____

ACCOUNT ADDRESS: _____

NAME OF INTRODUCING BROKER: **Go Trade**

RECEIVING FIRM: TRANSACT FUTURES

141 W. Jackson Blvd
Suite 240A
Chicago, IL 60604

IN ACCORDANCE WITH THE NATIONAL FUTURES ASSOCIATION (NFA) COMPLIANCE RULE 2-27 PLEASE TRANSFER IMMEDIATELY ALL OF THE CASH BALANCES, OPEN POSITIONS, AND TREASURY BILLS OR ANY COLLATERAL IN MY (OUR) ACCOUNT TO TRANSACT FUTURES.

VERY TRULY YOURS,

Customer(s) Name(s) Printed

Customer(s) Signature(s)

Date

Date

NOTE: If joint account or general partnership, all persons must sign. If this is a limited partnership account, the general or managing partner must sign.

PLEASE ATTACH YOUR LAST STATEMENT.