



CUSTOMER SECURITIES ACCOUNT TRANSFER FORM
CASH / MARGIN INSTRUCTION

Form with fields: RECEIVING FIRM CLEARING NUMBER (1), RECEIVING FIRM ACCOUNT NUMBER (3), CARRYING FIRM CLEARING NUMBER (2), CARRYING FIRM ACCOUNT NUMBER (4), ACCOUNT TITLE (5), ACCOUNT TYPE (6) (S, J, E, G, T, B, O), OCC RECEIVING CLEARING NO. (7), TAX ID OR SOCIAL SECURITY NUMBER (8)

Form with fields: RECEIVING FIRM NAME (Jefferies & Company, Inc.), ADDRESS (Harborside Financial Center, Plaza III, Suite 705, Jersey City, NJ 07303), RECEIVING ORGANIZATION CONTACT NAME, TELEPHONE NUMBER

Form with fields: CARRYING FIRM NAME, ADDRESS. Includes instruction: Please receive my entire securities account from the below indicated carrying organization and remit to it the debit balance or accept from it the credit balance in my securities account.

Please transfer my entire securities account to the above indicated receiving organization, 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. 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 frames 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 below, I authorize you to liquidate any nontransferable proprietary money market fund assets that are part of my securities account and transfer the resulting credit balance to the receiving organization. I understand that you will contact me with respect to the disposition of any other assets in my securities account that are nontransferable. 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 such receiving organization 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.

I affirm that I have destroyed or returned to you any credit/debit cards and or unused checks issued to me in connection with my securities account. Instruction: Disposition of Money Market Fund Assets Other Than Liquidation and Transfer

Form with fields: CUSTOMER'S SIGNATURE, DATE, CUSTOMER'S SIGNATURES IF JOINT ACCOUNT (1, 2), DATE

It is suggested that a copy of the customer's most recent account statement be attached

FOR BROKER USE ONLY

MUTUAL FUND REGISTRATION INSTRUCTIONS. Fields: NAME, ADDRESS

DIVIDEND AND CAPITAL GAINS OPTION. Options: REINVEST, DIVIDEND/CAPITAL GAINS REINVEST, ALL CASH, ISSUE CERTIFICATE, DEPOSIT TO NEW PLAN

DEPOSIT TO EXISTING PLAN

BROKER INSTRUCTIONS (IF BROKER AGREEMENT EXISTS). Fields: NAME, ADDRESS

REGISTERED REP. NAME, REGISTERED REP. NUMBER, BRANCH