

Platform Transfer Form

Please complete this form if you are requesting to transfer margin between eFOREX, Inc. (EFX) platforms. This form must be completed by the primary account owner.

Note: There is a \$100 minimum requirement to transfer funds from one platform to another. Full account balance shall be transferred to the new platform. Eligible funds for transfer are limited to amounts exceeding the required margin for any one active account. As noted in the Client Agreement, under-margined accounts may result in liquidation at the sole discretion of EFX. Please ensure all positions on current platform are closed prior to submission of the Platform Transfer Form. Also, Clients shall not open any new positions prior to receipt of platform transfer confirmation. Use one form when transferring collaborated amounts from multiple accounts. List all applicable account numbers.

Client Information: (must match EXISTING account information)

Name: _____ **Telephone #:** _____

Address: _____ **Email:** _____

Transfer from: (current platform)

Date:	
Account #:	Current Platform:
Account #:	Current Platform:

Transfer to:

Platform Name:	Account Type: <input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Corporate
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Please read, sign, date, and return this page via fax to **407-585-0636 (US)** or **507-306-7149 (PA)**; or via mail to: eFOREX, Inc., P.H. Torre de las Americas, Suite B-1804, Punta Coronado and Punta Darien Streets, Punta Pacifica, San Francisco, Panama City, Panama.

I hereby represent that the information provided above is true and correct. EFX reserves the right, but has no duty to verify accuracy of information provided, and to contact the account owner, bankers, and other, as it deems necessary. Falsifying information may result in legal action and is punishable by law. By signing below, I certify that I am the person authorized to make such changes, and I acknowledge that EFX is not responsible for any errors from the information provided.

_____ Primary Account Owner Signature	_____ Joint Account Owner Signature
_____ Print Legal Name	_____ Print Legal Name
_____ Date	_____ Date

For Accounting Use Only

New Account #:	Funds to be Applied:	Accounting Initials:	Date:
New Account #:	Funds to be Applied		