

# GET UP TO \$100

When you complete an account transfer, valued at \$10,000 or higher, to your SogoTrade account, SogoTrade will reimburse, up to a maximum of \$100, the account transfer fees imposed by the delivering broker.\*

(This promotion is not available for IRA accounts.)

**Account Information:** Please complete this form and submit with the statement indicating imposed transfer fees.

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

Account Title/ Account Holder Name (s): \_\_\_\_\_

Telephone: \_\_\_\_\_

Name of delivering firm: \_\_\_\_\_

Amount of transfer: \_\_\_\_\_ Transfer Fee: \_\_\_\_\_

### Terms and Conditions:

When you complete an account transfer, valued at \$10,000 or higher, from another brokerage to SogoTrade, SogoTrade will reimburse, up to a maximum of \$100, the account transfer fees imposed by the other broker. You must apply for the ACAT reimbursement by completing and submitting a SogoTrade Account Transfer Reimbursement Request form and provide an account statement to SogoTrade as proof of the imposed transfer fees. The Account Transfer Reimbursement Request form and proof of transfer fees can be mailed or faxed to SogoTrade. Reimbursements will be made to your account via a credit within 30 days of receipt of the Account Transfer Reimbursement Request form and proof of transfer fees. Your SogoTrade account must remain open and maintain a minimum equity of \$2,500 for a period of at least 6 months, or SogoTrade may charge the account for any transfer fee reimbursement credits. SogoTrade reserves the right to terminate this offer at any time without prior notice or modify the offer at its sole discretion. Limit ONE reimbursement per SogoTrade account. Offer valid for a limited time. Void where prohibited.

Signature: *By signing this form you acknowledge you have full authority and ownership of the above SogoTrade account.*

*Please sign and date this form. Fax with your statement showing transfer fee (s) to 1 (646) 459.2749 or mail to:*

**SogoTrade**  
1 McBride and Son Center Drive, Suite 288  
Chesterfield, MO 63005

Account Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(mm/dd/yyyy)

Account Co-Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
IF APPLICABLE FOR JOINT ACCOUNT HOLDER ONLY (mm/dd/yyyy)

FOR SOGOTRADE OFFICE USE ONLY

Approved Reimbursement of \$ \_\_\_\_\_

Disapproved Reason: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_