



# Boston Merchant Financial

## INTERNAL TRANSFER FORM

Please fill out, print and sign the Transfer Request Form. Please note, the account registration you are transferring from must exactly match the account registration you are transferring to. All open positions must be closed prior to any transfers. Please mail, fax or scan and email the form to BMFN with the information listed below.

EMAIL: [operations@bmf.com](mailto:operations@bmf.com)

FAX #: 514-221-3812

## CLIENT'S INFORMATION

**From Account Name**

**Transfer Amount in USD**

**From Account Number**

**To Account Name**

**To Account Number**

**Or From Platform**

**To Platform**

**Are you closing your account?**                      **YES**              **NO**  
( please answer YES or NO )

**Customer Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Customer Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_  
( joint only )

Thank you for using BMFN. If you have any questions or concerns, please contact us at: **1-514-667-8470**.

Disclaimer: I understand and accept that by signing above, I have requested for funds to be transferred out of my BMFN Margin Account and into the account of the named BMFN Margin Account holder who will be assigned custody of such funds in the full amount and he/she will have all rights thereof. I shall hold BMFN harmless of any and all claims to such funds upon proper credit to the above named BMFN Margin Account holder.