



MEMBERSHIP/CLIENT TRANSFER OF HOLDINGS FORM

| | | | |
|--|-------------|----------------|----------------|
| NAME: | | | |
| | (LAST NAME) | (FIRST NAME) | (M.I.) |
| AGE: | 116.5 | D.O.B.: | S.S.N.: |
| PREFERRED PRIMARY PHONE NUMBER: | | | |
| E-mail Address: | | | |

| | | | |
|-----------------|----------|--------|--------------------|
| ADDRESS: | | | |
| | (STREET) | (CITY) | (STATE) (ZIP CODE) |

| | | | | |
|---|--|--|----------------------------------|--|
| OCCUPATION: | | <input type="checkbox"/> Incorporated Entity | INVESTMENT TIER(s): | |
| <input type="checkbox"/> Employed (Please Specify Occupation) _____ | <input type="checkbox"/> Self-Employed | <input type="checkbox"/> Unemployed | <input type="checkbox"/> Retired | <input type="checkbox"/> Student |
| | | <input type="checkbox"/> S.P | <input type="checkbox"/> J.P | <input checked="" type="checkbox"/> Assoc. |
| | | Other _____ | | |

By signing below, I acknowledge this document as a non-legally binding agreement between all parties represented herein and that such agreement shall serve only as written guidance from the Grantor/Member listed above to the Templar Investment Group, LLC on how holdings should be managed in the event the requested conditions for transfer are met. Additionally, I understand that the listed beneficiary must be of lawful age and legally accountable at time of receipt.

| | |
|---|--|
| <p style="font-size: 2em; margin: 0;">X</p> <p>_____</p> <p style="text-align: center; font-size: 0.8em;">(CLIENT/MEMBER SIGNATURE)</p> | <p style="font-size: 2em; margin: 0;"> </p> <p style="text-align: center; font-size: 0.8em;">(DATE) (MM/DD/YYYY)</p> |
|---|--|

Beneficiary Information

| | | | | | |
|---|--|--------------|--------------------|--------------|----------------|
| Member/Grantor Requested | | NAME: | | | |
| | | | (LAST NAME) | (FIRST NAME) | (M.I.) |
| Conditions for Transfer: | | | | | |
| <input type="checkbox"/> Immediate Transfer | AGE: | | D.O.B.: | - - | S.S.N.: |
| <input type="checkbox"/> Upon Member/Grantor Death | PREFERRED PRIMARY PHONE NUMBER: | | | | |
| <input type="checkbox"/> Member/Grantor Incapacitated | E-mail Address: | | | | |
| ADDRESS: | | | | | |
| | (STREET) | (CITY) | (STATE) (ZIP CODE) | | |

By signing this agreement, I swear and affirm that all information provided above is my own or that over whom I have the authority of legal representation. My signature also confirms my receipt, reading, and agreement to abide by the terms as outlined in the member/client governing documents.

| | |
|---|---|
| <p style="font-size: 2em; margin: 0;">X</p> <p>_____</p> <p style="text-align: center; font-size: 0.8em;">(BENEFICIARY SIGNATURE)</p> | <p style="font-size: 2em; margin: 0;"> </p> <p style="text-align: center; font-size: 0.8em;">(DATE OF RECEIPT) (MM/DD/YYYY)</p> |
|---|---|

DO NOT WRITE BELOW THIS LINE

| | | |
|--|--|---|
| Beneficiary Located? | Beneficiary Identity Confirmed? | Transfer Completed? |
| <p style="font-size: 2em; margin: 0;">X</p> <p>_____</p> <p style="text-align: center; font-size: 0.8em;">(SIGNATURE OF AUTHORIZED REPRESENTATIVE)</p> | <p style="font-size: 2em; margin: 0;"> </p> <p style="text-align: center; font-size: 0.8em;">(DATE OF TRANSFER) (MM/DD/YYYY)</p> | <p style="font-size: 2em; margin: 0;"> </p> |

The Templar Investment Group, LLC
P.O. Box 44831 Atlanta, Georgia 30336
follow us @TTIGLLC on Twitter.com!