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TRANSFER FORM

To transfer funds between your existing FXCM accounts OR To transfer funds to create a new account. (1) Print this form, (2) Please legibly write all necessary information in print below, and (3) Sign the bottom. Please submit via fax to the number noted above, or via email as a scanned image (JPG, GIF, BMP, DOC, PDF - no password protection please) to our Operations department at admin@fxcm.com. The request will be processed within 2 business days of receipt. Requests to transfer funds to third party will not be processed. Please complete carefully in order to avoid errors or delays in processing. Based on account balance and equity, you may be requested to close open positions in order to complete this request. If you wish to refund a closed account, you will be issued a new account number. To keep your account open, you must maintain a minimum account balance of \$100 for a 100k and \$50 for a Mini account. FXCM is not responsible for errors made by the account holder.

Primary Account Holder		
Last Name	First Name	Middle Name
Joint Account Holder (if any)		
Last Name	First Name	Middle Name

Transfer Funds To Create A New Tradency Account

All new accounts are created with an identical account profile (address, referring agent, Interest-Free Acknowledgment, etc.) as the existing account at FXCM's discretion. Any additional paperwork (Letter of Direction, etc.) will need to be re-submitted for the New Account.

(A Temporary Password Will Be Assigned To Your New Account)

EXISTING ACCOUNT NUMBER: _____

Transfer Amount: _____

Please check here if you wish your new account to be managed under the power of attorney already executed and in full effect for the above referenced account. In addition, this form must be signed by the Trading Agent in the space provided below.

Please check here if the first account will be closed.

Primary Account Holder Signature: _____ Print Name: _____ Today's Date: M M / D D / Y Y Y Y	Joint Account Holder Signature: _____ Print Name: _____ Today's Date: M M / D D / Y Y Y Y	Trading Agent Signature: _____ Print Name: _____ Today's Date: M M / D D / Y Y Y Y To be Completed by Trading Agent Only Select One: <input type="checkbox"/> (LAMM) <input checked="" type="checkbox"/> (PAMM)
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