

LETTER OF AUTHORIZATION ("LOA") FOR CHANGE OF OWNERSHIP

DATE: ___/___/___

TO: (Print Name & Address of Broker-Dealer)

FROM: (Print Name & Address of Customer)

This Letter of Authorization executed by the undersigned customer serves as formal notification to transfer the cash and/or securities listed in the Assets Transfer Instructions Section ("customer" is used as singular or plural, as applicable). DO NOT USE WHITE OUT. If necessary, cross out errors and initial corrections.

ASSETS TRANSFER INSTRUCTIONS SECTION

Purpose of this transaction is: _____

(Attach separate, signed and dated pages if needed)

CASH \$ _____ MARKET VALUE OF SECURITIES \$ _____
(Approximate)

NO. OF SHARES OR PRINCIPAL AMOUNT OF BONDS	DESCRIPTION OF SECURITIES
_____	_____
_____	_____
_____	_____

PLEASE TRANSFER THE ABOVE LISTED ASSETS

From My Account Number: _____ In the name of: _____
To Account Number: _____ In the name of: _____

OR TO: Name & Address of Institution/Individual Receiving Assets:

If delivering to another Brokerage firm/Institution:	If delivering a physical certificate or check directly to an individual(s):*
Name of Institution: _____	Tax ID # or SSN# of beneficiary is required for physical stock certificate delivery.
DTC # or ABA #: _____	Tax ID # or SSN#: _____
Account Number: _____	Delivery Address: _____
Name of Beneficiary: _____	_____

*Indicate full title, including custodian name that should appear on the certificate

CUSTOMER SIGNATURE SECTION

The undersigned customer hereby authorizes you to transfer the above assets as indicated. In the event of a change in beneficial ownership as a result of this authorization, the undersigned customer hereby relinquishes all rights, title and interest in said securities and/or monies and irrevocably releases and discharges you and your clearing agent of any claims by the undersigned customer or by the undersigned customer's legal representatives thereto, including any disposition of such assets. Further, the undersigned customer hereby indemnifies you and your clearing agent against any and all losses and expenses incurred by you and your clearing agent for acting upon these instructions.

FOR INDIVIDUALS (INCLUDING JOINT ACCOUNTS):

Print Name of Customer _____	Signature of Customer _____	Date / / _____
Print Name of Joint Customer _____	Signature of Joint Customer _____	Date / / _____

FOR TRUSTS, PARTNERSHIPS AND CORPORATIONS:

Print Account Title _____		
Print Name and Title of Authorized Signer _____	Authorized Signature _____	Date / / _____
Print Name and Title of Authorized Signer _____	Authorized Signature _____	Date / / _____

MEDALLION STAMP SIGNATORY / NOTARY PUBLIC SECTION

(CUSTOMER'S SIGNATURE TO BE NOTARIZED IF VALUE OF ASSETS IS BETWEEN \$10,000 AND \$50,000; IF OVER \$50,000 CUSTOMER'S SIGNATURE MUST BE MEDALLION STAMP GUARANTEED BY A FINANCIAL INSTITUTION INSTEAD OF NOTARY)

State of _____
County of _____
On this ____ day of _____, 20____, before me, _____,
Print Name of Notary Public/Authorized Medallion Signatory

personally appeared _____
Print Name(s) of Customer(s) whose Signature(s) is/are Notarized/Medallion Stamp Guaranteed Number of Signatures Being Notarized/Medallion Stamp Guaranteed

Personally known to me or Proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.
(SEAL / MEDALLION STAMP)

Notary Public/Authorized Medallion Signature

CORRESPONDENT BROKER-DEALER APPROVAL SECTION

To Wedbush Morgan Securities:

Under the terms of our Clearing Agreement and the Letter of Understanding signed by the above customer, we hereby request that you honor the instructions of our customer as stated above. We have carefully reviewed this request and the appropriate supporting documents, and we represent to you that this request is in compliance with all applicable laws and regulations. Our firm and its principal officers (both as officers and as individuals) jointly and severally indemnify you against any and all losses and expenses incurred or to be incurred by you for acting upon these instructions.

(Print Name of Principal)

Signature of Principal (or Authorized Designee) of Correspondent Broker-Dealer _____
Date approved / / _____

FORWARD ORIGINAL TO CREDIT DEPT