

# **AUTOMATED CUSTOMER ACCOUNT TRANSFER SERVICE (ACATS)**

## **ACATS DEFAULT REGISTRATION PROFILE FORM**

JULY 1, 2016

The ACATS-Fund/SERV interface facilitates the automated re-registration of mutual fund assets transferred through the ACATS system. The ACATS system creates a default mutual fund registration when the Member receiving a mutual fund asset does not input a mutual fund re-registration during the review status.

It is important to note that default registration profiles are not intended to replace the proper submission of re-registration information on an ACATS-Fund/SERV transaction. In order to ensure proper registration of a mutual fund asset it is advisable to send the ACATS re-registration (FR record) to the ACATS system in time for submission to the Mutual Fund Company(s). The default is only intended as a last resort for a participant that is unable to submit a registration in the proper timeframe.

# FUND/SERV DEFAULT REGISTRATION - USER DEFINED FIELDS

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Certain user defined fields in the ACATS - Fund/SERV default registration process are obtained from the ACATS - Fund/SERV default registration profile form. A listing of these fields is outlined in the form below. Each Member is urged to complete the Default Registration Profile Form to update their profile on the ACATS Master File. Upon completion of the form, it should be returned directly to that Member's DTCC Relationship Manager.

The ACATS Default Registration Profile Form is available on the next two pages.

## ACATS Default Registration — Member Profile Update

- For the fields below, a Member can update to customize their default registration profile.
- Completed forms should be sent to the Member's DTCC Relationship Manager.

Participant Fund Registration Instructions
Network Control Indicator:
Dividend Code:
Firm Membership Indicator:
Customer Account Prefix:
Customer Account Suffix:
Customer Zip Code:
Customer Name/Address 5:
Customer Name/Address 6:

MEMBER PARTICIPANT NUMBER:	DATE:
MEMBER PARTICIPANT NAME:	
<p><b>NETWORK CONTROL INDICATOR LEVEL: If left blank default is 0 (Non-networked).</b></p> <p><input type="checkbox"/> 0 = Non-networked</p> <p><input type="checkbox"/> 3 = Matrix level 3</p> <p><input type="checkbox"/> 4 = Matrix level 4</p>	
<p><b>DIVIDEND CODE: If left blank will use the dividend code from the delivering account on a firm to firm transfer. If PTF transfer type, the default value will be "1 = Reinvest, Reinvest, Reinvest" as there is no deliverer asset input record received by ACATS</b></p>	
<p><b><u>DIVIDEND</u></b></p> <p><input type="checkbox"/> 0 = Cash</p> <p><input type="checkbox"/> 1 = Reinvest</p> <p><input type="checkbox"/> 2 = Cash</p> <p><input type="checkbox"/> 3 = Cash</p> <p><input type="checkbox"/> 4 = Cash</p> <p><input type="checkbox"/> 5 = Reinvest</p> <p><input type="checkbox"/> 6 = Reinvest</p> <p><input type="checkbox"/> 7 = Reinvest</p>	<p><b><u>LTCG</u></b></p> <p>Cash</p> <p>Reinvest</p> <p>Cash</p> <p>Reinvest</p> <p>Reinvest</p> <p>Cash</p> <p>Reinvest</p> <p>Cash</p>
	<p><b><u>STCG</u></b></p> <p>Cash</p> <p>Reinvest</p> <p>Reinvest</p> <p>Reinvest</p> <p>Cash</p> <p>Cash</p> <p>Cash</p> <p>Reinvest</p>

**Firm Membership Indicator Receiver Code: If left blank firm membership indicator code will be spaces (broker).**

01 = Trust

**CUSTOMER ACCOUNT AT FIRM PREFIX placed in front of the customer account number: (3 alphanumeric values - optional)**

**CUSTOMER ACCOUNT AT FIRM SUFFIX placed in the back of the customer account number: (3 alphanumeric values - optional)**

**Address Information: NSCC will create the default name as shown. Member can update profile for zip code and address line 5 & 6 only.**

Name/Address Line 1: Member Participant Name

Name/Address Line 2: FOR BENEFIT OF: Customer 1 &

Name/Address Line 3: Customer 2

Name/Address Line 4: This will always be Spaces

**Zip Code: If left blank, zip code will be spaces**

**Name/Address Line 5: (35 characters): If left blank address line 5 will be spaces.**

**Name/Address Line 6: (35 Character): If left blank address line 6 will be spaces.**

Authorized Name and Title of Person Completing Form: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

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

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## FOR MORE INFORMATION

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