

# WITHDRAWAL REQUEST

## Non-Qualified Account

### PART 1. AUTHORIZED SIGNOR INFORMATION

First Name:	M.I.:	Last Name:	Account #:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last 4 SSN:	Date of Birth: (MM/DD/YYYY)	Email Address:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Entity Name: (If applicable)			
<input type="text"/>			

### PART 2. WITHDRAWAL AMOUNT

Please select one of the options below:

**Option A:** Full Distribution of Entire Account and Close the Account. (Additional fees may apply.)

**Option B:** Partial Distribution of the following:

Cash (Gross Amount): \$

Reregister the following asset(s):

	Asset Description:	Amount:
1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>

Check here if additional assets are listed on an attached addendum. Total number of addendums attached:

## PART 3. PAYMENT METHOD

**Option 1. Check to Individual Payee** (Additional fees may apply.)

Send check via:  Regular Mail  Overnight Mail (\$40.00)  Cashier's Check + Overnight Mail (\$55.00)

Payee Name:

Payee Tax ID #: (If applicable)

Payee Address:

City:

State:

Zip:

**Option 2. Wire or ACH to Payee's Bank** (Additional fees may apply.)

Bank Name:

Phone:

Check here if separate wiring instructions or additional information is attached.

Payee Name: (On bank account)

Payee Tax ID #: (If applicable)

Payee Address:

City:

State:

Zip:

Account #:

Type:

Checking

Savings

ABA (Routing) #:

Type:

Wire

ACH



If the above box is not checked designating a wire or ACH and the ABA routing number accepts both, we will send the funds via wire. If the ABA routing number is not consistent with the above checked box, we will send the funds via the method consistent with the provided ABA routing number.

## PART 4. AUTHORIZED SIGNOR AGREEMENT & AUTHORIZATION

I certify that all information provided by me is correct and may be relied upon by the Custodian. I understand that I am responsible for determining eligibility requirements related to my account(s) and investments and if necessary have sought assistance from qualified legal, tax, or investment professionals.

Signature of Account Owner:

Account Owner Name: (Print or Type)

Date: (MM/DD/YYYY)