

4600 S Syracuse St, Ste. 600
 Denver, CO 80237 • 800.929.3485

Date _____

Asset Movement Reference Number (if applicable) _____

Brokerage Operations
 909 Locust Street, Suite 100
 Des Moines, IA 50309

Re: _____

This letter is to authorize Pershing, LLC to release monies from Pershing account number: _____

<p>1. One-time Distribution</p> <p>Amount _____</p> <p><input type="checkbox"/> Total distribution and close account – do not add a dollar amount. (Residual amounts will be sent via third-party check to the payee listed below.)</p> <p><input type="checkbox"/> Send one time on: _____ (must be within 30 days)</p> <p>Overnight: <input type="checkbox"/> (Fees apply) <input type="checkbox"/> Rep <input type="checkbox"/> Client (One-time requests only)</p> <p><input type="checkbox"/> Saturday delivery</p>	<p>2. Standing Instructions</p> <p><input type="checkbox"/> Standing instructions – do not enter a dollar amount.</p>	<p>3. Periodic Instructions</p> <p><input type="checkbox"/> New <input type="checkbox"/> In addition to existing</p> <p><input type="checkbox"/> Replacing existing (only enter information that is changing)</p> <p>Amount _____ Start Date _____</p> <p>Frequency: <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannually <input type="checkbox"/> Annually</p>
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Please make check payable to:

Payee _____

FBO (if applicable) _____

Third-Party Account Number (if applicable) _____

Street Address _____

City _____

State _____

Zip Code _____

Your timely response to this request is appreciated.

Sincerely,

Print Client Name _____

Client Signature _____

Date _____

Print Joint Client Name _____

Joint Client Signature _____

Date _____

- Asset movement check disbursements
 - If account number is to be listed on the check, a separate envelope must be created.
 - Include asset movement reference number
- If the funds are accompanied with an application, please attach.
- Checks will not be sent to the registered representative's address.
- This form is not to be used for Pershing LLC retirement plans or qualified plan accounts.

Fax to Brokerage Operations Processing 888.428.9904.

All forms must be signature guaranteed.
 Please stamp here.

