



WITHDRAWAL/DISTRIBUTION REQUEST FORM

1. CLIENT & ACCOUNT INFORMATION

Client Name : _____ Account Number : _____
Account Name : _____ Account Type : _____
Address : _____
E-mail : _____ Phone Number : _____

2. DISTRIBUTION INFORMATION

Per the terms of the above account, please issue the following distribution:

Distribution Amount: \$ _____
Frequency: One-Time Monthly Quarterly Annually
Payment Options: Mail Pick up check Direct Deposit Wire (additional fee applies)
 Check box for account closing and initial here: _____

3. BANK INFORMATION - ONLY COMPLETE FOR DIRECT DEPOSIT

For checking accounts, please enclose a voided check with the correct account number, not a deposit slip.

Checking account Savings account Account Number : _____
Name as it appears on the bank account : _____
ABA Routing # or Wire Routing #: _____
Bank Name : _____
Address : _____
City/State/Zip : _____
Telephone Number : _____

4. SIGNATURES - ALL ACCOUNT OWNERS MUST SIGN

Print Owner Name: _____ Signature: _____ Date: _____
Joint Owner Name: _____ Signature: _____ Date: _____

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