



FMLF DISTRIBUTION REQUEST FORM

1. FMLF ACCOUNT INFORMATION

Account Name : Constituent ID :

Certificate Number(s) :

2. DISTRIBUTION TYPE - SELECT ONE

☐ One-time distribution in the amount of \$

☐ Full Distribution to close the account – approximate amount of \$

☐ Recurring periodic distribution in the of \$ or interest* ☐

Frequency : ☐ Monthly

☐ Quarterly

Start Date: ☐ 15th of the month

☐ 30th of the month

☐ Check here if this is a change to a periodic distribution instruction currently in effect.

**Interest distributions are only made at month end or quarter end.*

3. PAYMENT METHOD - SELECT ONE

☐ Mail a check to the address of record.

☐ Check pickup at FM Financial.

☐ ACH to bank account on file. Bank Account #

☐ Wire to bank account per standing instructions on file at FMF. **\$20 Charge Applies**

☐ ACH to bank account per new instructions (Please complete a Direct Deposit Auth Form)

☐ Wire to bank account per new instructions (Please complete a Direct Deposit Auth Form) **\$20 Charge Applies**

INTERNAL USE - NOTES:

4. SIGNATURE(S)

Please Note: If this is a recurring distribution, by signing below. I/we understand that 1) this authorization form will remain in effect until further written instructions are given; 2) adjustment entries are authorized to correct errors; 3) if the 15th or 30th land on a weekend the distribution will be withdrawn on the next business day.

Name: Signature: Date :

Name: Signature: Date :

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