

# ACH Authorization Agreement

PERSHING ADVISOR SOLUTIONS LLC

Please complete the following fields to set up the electronic transfer of funds between your Pershing Advisor Solutions LLC account and the account with your bank/financial institution. You may begin depositing funds into your account from your financial institution or send payments to your financial institution account from your account upon approval. All transactions are processed through the Automated Clearing House ("ACH") system.

## STEP 1. ACCOUNT INFORMATION

Account Number           -	Account Title
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## STEP 2. INSTRUCTIONS

- Set up new instructions.       Replace existing instructions. Complete all applicable sections.

Nickname/description for instructions (optional)

## STEP 3. TYPE OF REQUEST

### Standing Instructions — Ad-Hoc

- Standing instructions for transfers INTO and/or OUT of my account. Proceed to Step 6.

### Standing Instructions — Periodic Contributions/Distributions

Select one option below then proceed to Step 4.

- Set up contributions into my account (Deposit). For retirement accounts, also indicate a contribution type in Step 5.  
 Set up distributions out of the cash balance in my account (Pay Principal). Indicate dollar amount in Step 4.  
 Set up a distribution out of the income generated in my account (Pay Income). Dollar amount does not need to be indicated below.  
 Set up systematic purchase of mutual funds. ACH is contingent upon the execution of periodic mutual fund purchases. Provide dollar amount in Step 4.

AN IRA OR QRP DISTRIBUTION FORM IS REQUIRED FOR DISTRIBUTIONS OUT OF RETIREMENT ACCOUNTS.

## STEP 4. AMOUNT, START DATE AND FREQUENCY OF PERIODIC REQUESTS

Dollar Amount (not required for Income or Retirement Account Minimum Distributions)		
Start Date       -		End Date (optional)       -

### Select one option only.

- Weekly:  M  T  W  TH  F
- Quarterly - Occurs every 3 months  
 Semi-monthly - Occurs twice a month  
 Semi-annually - Occurs every 6 months  
 Monthly - Occurs every month  
 Annually - Occurs every 12 months  
 Bi-monthly - Occurs every other month

REQUIRED FOR PERIODIC INSTRUCTION.

SEMI-MONTHLY DISTRIBUTIONS TAKE PLACE 14 CALENDAR DAYS AFTER THE START DATE.

REQUESTS SCHEDULED ON A WEEKEND OR HOLIDAY WILL OCCUR ON THE FOLLOWING BUSINESS DAY.

## STEP 5. RETIREMENT CONTRIBUTION TYPE

### Select one option only.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Participant current year       | <input type="checkbox"/> Employer prior year            | <input type="checkbox"/> Qualified matching     |
| <input type="checkbox"/> Employee deferral current year | <input type="checkbox"/> Employer matching current year | <input type="checkbox"/> Qualified non-elective |
| <input type="checkbox"/> Employee deferral prior year   | <input type="checkbox"/> Employer matching prior year   | <input type="checkbox"/> Voluntary after tax    |
| <input type="checkbox"/> Employer current year          |   |   |

FOR APPLICABLE RETIREMENT ACCOUNTS ONLY.



ACHA

**STEP 6. BANK AND OTHER FINANCIAL INSTITUTION ACH INFORMATION (REQUIRED)**

Title of Bank Account		Bank/Financial Institution Name	
ABA Number	Account Number	State	
If title of bank account differs from title on your Pershing Advisor Solutions LLC account, please provide the relationship between the parties			

**Account Type:**  Checking  Savings

I (we) hereby authorize Pershing Advisor Solutions LLC to initiate credit/debit entries to the financial institution indicated in Step 6 and further authorize my (our) financial institution to debit the same to such account.

**If establishing instructions for a third-party ACH where you are not authorized to act on behalf of the receiving/delivering account, the following will be required:** the purpose of the request, the relationship between the parties, signatures of authorized parties on the receiving/delivering bank account, and a voided check.

**Please note:** Third parties are limited to immediate family members. i.e. son/daughter with a spouse's different last name or sole proprietorship accounts/entity with the same beneficial owner.

**STEP 7. SIGNATURE (REQUIRED)**

This authority is to remain in full force and effect until Pershing Advisor Solutions LLC has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Pershing Advisor Solutions LLC and my (our) financial institution a reasonable opportunity to act on it. It is understood that if the period purchase of mutual funds is selected as a contribution type, this agreement authorizes payment for purchasing securities through my investment professional or financial organization via the systematic reinvestment system (SRS).

I/we represent and warrant that each of us is an owner on the Bank Account and that each of us has full authority to cause funds to be withdrawn from the Bank Account and credited to the Pershing Advisor Solutions LLC account identified in Step 1. I/we understand that Pershing is relying upon this representation in agreeing to permit the movement of funds via ACH between my/our Pershing Advisor Solutions LLC account and the Bank Account.

Print Name	Date
Signature	
<b>X</b>	

**ALL REGISTERED OWNERS ON YOUR PERSHING ADVISOR SOLUTIONS LLC ACCOUNT MUST SIGN IN STEP 7.**

Print Name	Date
Signature	
<b>X</b>	

**EXAMPLES OF ACCEPTABLE NAME DIFFERENCES INCLUDE A BANK ACCOUNT USING MIDDLE INITIAL INSTEAD OF FULL NAME OR USING THE SUFFIX JR. OR SR. WHEN THE BROKERAGE ACCOUNT DOES NOT.**

Print Name	Date
Signature	
<b>X</b>	

Print Name	Date
Signature	
<b>X</b>	

Print Name	Date
Signature	
<b>X</b>	

**STEP 8. ADVISOR ATTESTATION AND SIGNATURE: REQUIRED FOR ESTABLISHING NEW INSTRUCTIONS OR REPLACING EXISTING INSTRUCTIONS**

With my signature below, I represent that the following are true regarding these client instructions and the respective client Letter of Authorization (LOA):

- The client instructions as described in this LOA have been reviewed and approved and are in full compliance with our firm's policies and procedures.
- I have verbally confirmed **via outbound phone call to a phone number on record or in person** with the account holder(s) or those authorized to act on their behalf that the LOA instructions are authentic and the signature(s) on the instructions is their own.
- Our firm understands that it is fully responsible for any loss caused by fraudulent disbursement instructions presented to Pershing for approval.
- I warrant that I am an authorized signor of my firm and/or authorized to act on its behalf.

Print Name	Date
Title and Position	
Signature	

 X