Check Request

PERSHING ADVISOR SOLUTIONS LLC

Please complete the following fields to request a check from a client's account, authorize a third party request, and/or establish standing or periodic instructions. Do not use this form for Retirement Accounts, an IRA or QRP form is required.

STEP 1. ACCOUNT INFORMATION

Account Number	Account Title
__ — ________	

STEP 2. INSTRUCTION TYPE

Select only one option.

- ☐ One time distribution: complete Steps 3, 5, and 6
- ☐ Periodic instructions: complete Steps 4, 5, and 6
- ☐ Change existing instructions: complete Steps 5 and 6
- ☐ Standing instructions: complete Steps 5 and 6

STEP 3. ONE TIME DISTRIBUTION

Please choose one of the following options for a one time check or certified check.

- ☐ One time distribution in the amount of $ ____________________
- ☐ One time certified check in the amount of $ ____________________
- ☐ Full balance and close account

STEP 4. PERIODIC INSTRUCTIONS

Please complete the following to establish periodic instructions.

Recurring Distributions

Periodic distributions out of my account in the amount of $ ____________________

Frequency

Weekly: ☐ M ☐ T ☐ W ☐ TH ☐ F

- ☐ Monthly (occurs every month)
- ☐ Quarterly (occurs every 3 months)
- ☐ Annually (occurs once a year)
- ☐ Semi-monthly (occurs twice a month, beginning date must be between the 1st and the 16th of the month)
- ☐ Bi-monthly (occurs every other month)
- ☐ Semi-annually (occurs twice a year)
- ☐ Account income (dividends, interest)

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

Start and End Date

Start Date		End Date (optional)
__ — __ — ____		__ — __ — ____

PASCKRQ

Account Number ___ ___ ___ – ___ ___ ___ ___ ___ ___

STEP 5. PAYEE AND DELIVERY INFORMATION

Purpose/Reason for Instruction
For example, tuition, medical fees, etc. Required for third party requests and UGMA/UTMA accounts.

Payable To

IF PAYEE DIFFERS FROM THE ACCOUNT TITLE, YOUR INVESTMENT ADVISOR MUST COMPLETE STEP 7.

Deliver To
☐ Address of record ☐ Other ______________________

Check Delivery Method
☐ Regular mail
☐ Overnight mail (fees may apply, please speak to your Advisor)
- Signature required? ☐ Yes ☐ No
- Saturday delivery? ☐ Yes ☐ No

☐ Messenger (limited to Jersey City or New York City areas)

STEP 6. CLIENT SIGNATURE(S)

Account Owner/Trustee Signature

Print Name	Date __ __ – __ __ – __ __ __ __
Signature X	

Joint Account Owner/Trustee Signature

Print Name	Date __ __ – __ __ – __ __ __ __
Signature X	

STEP 7. FOR ADVISOR USE ONLY: ADVISOR ATTESTATION AND SIGNATURE

Required for third party transactions only
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 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 are their own.
- Our firm understands that it is fully responsible for any loss caused by fraudulent disbursement instructions presented to Pershing Advisor Solutions for approval.

I warrant that I am an authorized signor of my firm and/or authorized to act on its behalf.

Advisor Signature

Print Name	Date __ __ – __ __ – __ __ __ __
Signature X	