

# Federal Funds Wire Request

PERSHING ADVISOR SOLUTIONS LLC

Federal funds wire transfers are a convenient way to move money from your investment account. To ensure timely, accurate processing, please complete all required information. Use this form to request a federal funds wire from your Pershing Advisor Solutions Account.

## STEP 1. ACCOUNT OWNER INFORMATION

Investment Advisor		Account Number					
First Name of Owner or Trustee	Middle Initial	Last Name					
First Name of Custodian or Joint Owner	Middle Initial	Last Name					

## STEP 2. REQUEST TYPE

### Transaction Type (select all that apply)

- One Time distribution.** Complete Steps 4 and 5.
- Periodic instructions.** Complete Steps 3, 4, and 5.
- Standing instructions.** Complete Steps 4 and 5.  
Standing instructions will remain in effect once approved.  
Instructions will expire after 36 months of non-use, or if you notify Pershing Advisor Solutions to revoke them.

### Wire Type (select one)

- First Party Wire.** Send a federal funds wire to a bank account in the same name as the investment account owner.
- Third Party Wire.** Send a federal funds wire to a bank account that is NOT in the same name as the investment account owner.

**FEDERAL FUNDS WIRE FEES MAY APPLY.**

Purpose of Wire or Relationship of Third Party (Required for Third Party Wire)

## STEP 3. PERIODIC INSTRUCTIONS

Please complete the following to establish periodic instructions.

### Payment Type (select one)

- Periodic distributions out of my brokerage account (Pay Principal)
- Periodic income distributions out of my brokerage account (Pay Income)

### Recurring Distributions

Periodic distributions out of my account in the amount of (required for Pay Principal disbursements)  
\$

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

### Frequency

Please select one option for Periodic Instructions and Income Distributions.

- Semi-monthly - Occurs twice a month (start date must be between the 1<sup>st</sup> and the 16<sup>th</sup> of the month)
- Monthly - Occurs every month
- Bi-monthly - Occurs every other month
- Quarterly - Occurs every 3 months
- Semi-annually - Occurs every 6 months
- Annually - Occurs every 12 months

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

### Start and End Date

Start Date	End Date (optional)
-     -	-     -



**STEP 4. BANK AND WIRE INFORMATION**

Currency Type <input type="checkbox"/> U.S. Dollars <input type="checkbox"/> Other (specify):		Amount: Numeric	Account Type <input type="checkbox"/> Cash <input type="checkbox"/> Margin	
Amount: Alpha				
If you are requesting a distribution of funds within 90 days of deposit, please provide the source of deposited funds				
Receiving Bank ABA Number		Bank Name		
City	State	Zip/Postal Code		
Second Bank Information — International				

**Further Credit to Intermediary Financial Institution (optional)**

Account Number	Name
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**Ultimate Beneficiary Information**


Beneficiary Name	Account Number
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**For Federal Fund Wires Outside of the U.S. Only**


Chips ABA	Swift Code	Bic Code
IBAN		

**STEP 5. SIGNATURES**

**Account Owner/Trustee**

Print Name	Date [ ][ ][ ][ ]-[ ][ ][ ][ ]
Signature 	

**Joint Account Owner/Second Trustee (if applicable)**

Print Name	Date [ ][ ][ ][ ]-[ ][ ][ ][ ]
Signature 	

**STEP 6. ADVISOR ATTESTATION AND SIGNATURE: REQUIRED FOR ALL TRANSACTIONS**

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 [ ] [ ] - [ ] [ ] [ ] [ ]
Signature  <b>X</b>	
Title and Position	