



Federal Funds Wire Request

This form must be completed to send a fed fund wire from a non-retirement Pershing account to a bank or credit union account. For retirement accounts, use the IRA or QRP Distribution Form.

Account Registration	Pershing Account #
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Select an Option			Purpose of Wire	Charge Wire Fee To
<input type="checkbox"/> One-time Distribution	<input type="checkbox"/> Standing Instructions <input type="checkbox"/> Establish New <input type="checkbox"/> Cancel & Replace	<input type="checkbox"/> Periodic Instructions <input type="checkbox"/> Establish New <input type="checkbox"/> Cancel & Replace		<input type="checkbox"/> Client <input type="checkbox"/> Advisor Amount of wire may be reduced to cover fee.

One-time Distribution – Enter specific dollar amount or select All Cash Available		If distributing funds within 90 days of deposit, provide source of funds.	
Dollar Amount (numeric) \$ _____	OR <input type="checkbox"/> All Cash Available	Currency Type <input type="checkbox"/> US Dollars <input type="checkbox"/> Other (Specify)	

Periodic Instructions (Enter specific dollar amount for Pay Principal or Select Pay Income)		
Dollar Amount \$ _____	OR <input type="checkbox"/> Pay Income	Frequency of Payment _____
		Start Date _____

Financial Institution and Wire Information		
Receiving Bank ABA Number _____	Bank Name _____	
City _____	State _____	Zip/Postal Code _____
Second Bank Information – International (Bank Name, County, SWIFT Code and any additional information required)		

Further Credit to Intermediary Financial Institution (Optional)	
Account Number _____	Name _____

Ultimate Beneficiary Information (Required)	
Beneficiary Name(s) _____	Account Number _____


Additional Instructions (Enter any additional banking instructions – if they are not captured elsewhere.)

Standing Instructions – Letter of Authorization – If Standing Instructions Selected Above
By signing this form, we understand that we are giving our PCS Financial Advisor authorization to remit monies as indicated from the above referenced account without additional written authority on my/our part. This authorization and indemnity will remain in full force and effect for 36 months after last use unless revoked by us. Such revocation shall not affect any liability in any way resulting from transactions initiated prior to such revocation. We hereby finally and irrevocably release and discharge you of any claims by us or our legal representatives with reference to the foregoing.

Signatures		
I/We hereby authorize PCS to remit monies as indicated above.		
Client Signature _____	Client Name (print) _____	Date _____
Client Signature _____	Client Name (print) _____	Date _____

Client Daytime Phone Number

Validation of Client Signature		
My customer(s) is/are well known to me, and I validate that the signature(s) on the attached document is/are genuine and the instructions are authentic. I agree for myself, and my successors, assigns, heirs, executors, and administrators to at all time indemnify and hold harmless PCS and all PCS staff and third-party providers, from and against any and all claims, losses, liabilities, taxes, damages, and expenses, including attorney fees, resulting from our compliance with this request. PCS reserves the right verify the authenticity of any signature and/or request.		
PCS Financial Advisor Signature _____	PCS Financial Advisor Name (print) _____	Date _____

Home Office Approval		 LOA2
Signature _____	Date _____	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied Name (print) & Title _____		