



Journal Request

This form must be completed to move assets between non-retirement Pershing accounts. For retirement accounts, depending on the transaction type, use the ACAT Form, IRA or QRP Distribution Form, IRA Asset Movement Form or ROTH Conversion/Recharacterization Form.

Delivering Pershing Account	
Account Registration	Pershing Account #
Receiving Pershing Account	
Account Registration	Pershing Account #

Select an Option		
<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

Cost Basis Transfer Reason (Select One) - Relationship of Payee to Beneficial Owner <input type="checkbox"/> Family Member <input type="checkbox"/> Non-family Member				
<input type="checkbox"/> Divorce	<input type="checkbox"/> Gift	<input type="checkbox"/> Inheritance Date of Death: _____	<input type="checkbox"/> Same Beneficial Owner	<input type="checkbox"/> Third Party Transfer

One-time Distribution – Select Full Account Journal or Partial Account Journal	
<input type="checkbox"/> Full Account Journal (All cash and securities)	<input type="checkbox"/> Partial Account Journal (Enter cash and/or securities below)

Partial Account Journals			
<input type="checkbox"/> Cash	<input type="checkbox"/> Specified Amount \$ _____	OR	<input type="checkbox"/> All Cash Available
			<input type="checkbox"/> Securities (To list more securities, attach a separate sheet, signed and dated)
Description	Symbol or CUSIP	Share Quantity	Tax Lot Disposition, if not using default


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 _____

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		