



# 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.

<b>Account Registration</b>	<b>Pershing Account #</b>
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<b>Select an Option</b>			<b>Purpose of Wire</b>	<b>Charge Wire Fee To</b>
<input type="checkbox"/> <b>One-time Distribution</b>	<input type="checkbox"/> <b>Standing Instructions</b> <input type="checkbox"/> Establish New <input type="checkbox"/> Cancel & Replace	<input type="checkbox"/> <b>Periodic Instructions</b> <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.

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

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

<b>Financial Institution and Wire Information</b>		
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)		

<b>Further Credit to Intermediary Financial Institution (Optional)</b>	
Account Number _____	Name _____


<b>Ultimate Beneficiary Information (Required)</b>	
Beneficiary Name(s) _____	Account Number _____

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

<b>Standing Instructions – Letter of Authorization – If Standing Instructions Selected Above</b>
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.

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

<b>Validation of Instructions and Client Signature(s) – COMPLETE ALL INFORMATION BELOW</b>		
Phone number used for contact: _____ or <input type="checkbox"/> In Person		
Name of end user/authorized person spoken to: _____		
Signature on form confirmed as authentic by: <input type="checkbox"/> Witnessing or <input type="checkbox"/> Comparing against other client documents or <input type="checkbox"/> DocuSign Certificate Included		
My client(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.		
Advisor Office Verified by Signature _____	Advisor Office Verified by Name (print) _____	Date and Time of Verification(s) _____

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