



**PRIVATE
CLIENT
SERVICES™**
MEMBER FINRA, SIPC
A Registered Investment Advisor

Third Party Check Request

This form must be completed to send a check from a non-retirement Pershing account to an alternate address and/or payee. For retirement accounts, use the IRA or QRP Distribution Form.

Account Registration	Pershing Account #
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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

One-time Distribution – Enter specific dollar amount or select All Cash Available	
Dollar Amount: \$ _____	<input type="checkbox"/> All Cash Available

Delivery Method		
<input type="checkbox"/> Overnight	<input type="checkbox"/> Overnight Saturday (if available)	<input type="checkbox"/> Regular Mail
Please charge the overnight fee to: <input type="checkbox"/> Financial Advisor <input type="checkbox"/> Client		Should a Signature be Obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

Make check payable to:	
Name of Institution or Individual(s)	Account Number
For Benefit of (Name of Person)	Beneficiary/Payee Relationship to Account Owner


Send check to:
<input type="checkbox"/> Address of Record OR
<input type="checkbox"/> Alternate Address (specify street address, city, state and zip)

Please note: Checks made payable to an individual cannot be delivered to a financial advisor's office.

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

Validation of Instructions and Client Signature(s) – COMPLETE ALL INFORMATION BELOW		
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)

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