



WITHDRAWAL/DISTRIBUTION REQUEST FORM

1. CLIENT & ACCOUNT INFORMATION

Client Name : Account Number :
Account Name : Account Type :
Address :
E-mail : Phone Number :

2. DISTRIBUTION INFORMATION

Per the terms of the above account, please issue the following distribution:

Distribution Amount: \$

Frequency: ☐ One-Time ☐ Monthly ☐ Quarterly ☐ Annually Other:

Payment Options: ☐ Pick up check ☐ Mail ☐ Direct Deposit ☐ Wire (additional fee applies)

If Direct Deposit or Wire please complete section 3 below.

Check box for account closing and initial here: ☐

3. BANK INFORMATION - ONLY COMPLETE FOR DIRECT DEPOSIT

For checking accounts, please enclose a voided check with the correct account number, not a deposit slip.

☐ Checking account ☐ Savings account Account Number :

Name as it appears on the bank account :

ABA Routing # or Wire Routing #:

Bank Name :

Address :

City/State/Zip :

Telephone Number :

4. SIGNATURES - ALL ACCOUNT OWNERS MUST SIGN

Print Owner Name: Signature: Date:

Joint Owner Name: Signature: Date:

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