



# WITHDRAWAL/DISTRIBUTION REQUEST FORM

## 1. CLIENT & ACCOUNT INFORMATION

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

## 2. DISTRIBUTION INFORMATION

Please issue a distribution from the above account in the amount of : \$   
 Check if this distribution will close the above account and initial here :   
 Check if this is a change to a periodic distribution currently in effect.  
**Frequency:**  One-Time  Monthly  Quarterly  Annually  
 Other :  Start Date:   
**Payment Options:**  Mail Check  Pick up check  Direct Deposit  Wire (additional fee may apply)  
 Internal transfer to the following FMF or GSF account # :   
 Check Payee Name :   
 Check Payee Address :

## 3. BANK INFORMATION - ONLY COMPLETE FOR DIRECT DEPOSIT OR WIRE

**Important:** Please provide either a voided check or a screenshot/document directly from your bank showing the account holder name, routing number, and account number. Please don't send 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

**Please Note: If this is a recurring distribution, by signing below, I/we understand that this authorization form will remain in effect until further written instructions are given.**

Owner Name:  Signature:  Date:   
 Joint Owner :  Signature:  Date:

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