

# Check Request

PERSHING ADVISOR SOLUTIONS LLC

Please complete the following fields to request a check from a client's account, authorize a third party request, and/or establish standing or periodic instructions. **Do not use this form for Retirement or Education Savings Accounts, an IRA/ESA or Qualified Retirement Plan Distribution Request Form is required.**

## STEP 1. ACCOUNT INFORMATION

Account Number	Account Title
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## STEP 2. INSTRUCTION TYPE

Select all that apply.

- One Time Distribution:** complete One Time Distribution, Payee and Delivery Information, and Client Signature(s) sections.
- Periodic Instructions:** complete Periodic Instructions, Payee and Delivery Information, and Client Signature(s) sections.
- Change existing Instructions:** complete Payee and Delivery Information and Client Signature(s) sections.
- Standing Instructions:** complete Payee and Delivery Information and Client Signature(s) sections.

## STEP 3. ONE TIME DISTRIBUTION

Please choose one of the following one time distribution methods.

- One time distribution in the amount of \$ \_\_\_\_\_
- Full balance and close account

## STEP 4. PERIODIC INSTRUCTIONS

Please complete the following to establish periodic instructions.

Semi-monthly distributions take place 14 calendar days after the start date.

Requests scheduled on a weekend or holiday will occur on the following business day.

### Payment Type (select one)

- Periodic distributions out of my brokerage account (Pay Principal)
- Periodic income distributions out of my brokerage account (Pay Income)

### Recurring Distributions

Periodic distributions out of my account in the amount of (required for Pay Principal disbursements)  
\$ \_\_\_\_\_

### Frequency

Please select one option for Periodic Instructions and Income Distributions.

- Weekly  M  T  W  TH  F  Bi-monthly (occurs every other month)
- Semi-monthly occurs twice a month (start date must be between the 1st and the 16th of the month)  Quarterly (occurs every 3 months)
- Monthly (occurs every month)  Semi-annually (occurs twice a year)
- Annually (occurs once a year)

### Start and End Date

Start Date		End Date (optional)
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**STEP 5. PAYEE AND DELIVERY INFORMATION**

If payee differs from the account title, your investment advisor must complete For Advisor Use Only: Advisor Attestation and Signature section.

**Purpose/Reason for Instruction**

For example, tuition, medical fees, etc. Required for third party requests and UGMA/UTMA accounts.

Payee Name

Payee Address

Delivery Address (if different from Payee's name and address)

**Check Delivery Method**

- Regular mail
- Overnight mail-only available for one-time distributions (fees may apply, please speak to your Advisor)
  - Signature required?  Yes  No

**STEP 6. ADDITIONAL CHECK DETAILS (OPTIONAL)**

Applicable for: Periodic Instructions and One-Time Payments. Additional details can be provided at time of initiation for requests based off of Standing Institutions.

**Custom Trailer (maximum of 38 characters).**

This can be entered when utilizing the Asset Movement initiation screen in NetX360®.

**STEP 7. SIGNATURES**

Electronic signatures have the same legal effect, validity or enforceability as a manually executed signature or physical delivery thereof, to the extent and as provided for in any applicable law.

**Account Owner/Trustee**

Print Name	Date
Signature X	

**Joint Account Owner/Second Trustee Signature (if applicable)**

Print Name	Date
Signature X	

**STEP 8. FOR ADVISOR USE ONLY: ADVISOR ATTESTATION AND SIGNATURE**

**Required for third party transactions only**

By signing below, I represent that the following are true regarding these client instructions and the respective client Letter of Authorization ("LOA"):

- The client instructions as described in this LOA have been reviewed and approved and are in full compliance with our firm's policies and procedures.
- I have verbally confirmed **via outbound phone call to a phone number on record or in person** with the account holder(s) (or someone authorized to act on his/her behalf) that any written LOA instructions received were actually authorized by the account holder(s) (or someone authorized to act on his/her behalf). I understand that I am fully responsible for any loss resulting from fraudulent disbursement instructions presented to Pershing Advisor Solutions for approval without my prior verbal confirmation.
- I am an authorized signor of my firm and/or authorized to act on its behalf.

**Advisor Signature**

Print Name	Date
Signature X	
Title and Position	