

# Federal Funds Wire Request

PERSHING ADVISOR SOLUTIONS LLC

Federal funds wire transfers are a convenient way to move money from your investment account. To ensure timely, accurate processing, please complete all required information. Use this form to request a federal funds wire from your Pershing Advisor Solutions Account. **If you need to request a distribution from your retirement account, please complete an IRA Distribution Form.**

## STEP 1. ACCOUNT OWNER INFORMATION

Investment Advisor	Account Number
Name of Owner or Trustee	
Name of Custodian or Joint Owner	

## STEP 2. REQUEST TYPE

Federal funds wire fees may apply.

### Transaction Type (select all that apply)

- One Time distribution.** Complete Bank and Wire Information and Signatures sections.
- Periodic instructions.** Complete Periodic Instructions, Bank and Wire Information, and Signatures sections.
- Standing instructions.** Complete Bank and Wire Information and Signatures sections.  
Standing instructions will remain in effect once approved.  
Instructions will expire after 36 months of non-use, or if you notify Pershing Advisor Solutions to revoke them.

### Wire Type (select one)

- First Party Wire.** Send a federal funds wire to a bank account in the same name as the investment account owner.
- Third Party Wire.** Send a federal funds wire to a bank account that is NOT in the same name as the investment account owner.

Purpose of Wire or Relationship of Third Party (Required for Third Party Wire)

## STEP 3. 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)



## STEP 4. BANK AND WIRE INFORMATION

Currency Type <input type="checkbox"/> U.S. Dollars <input type="checkbox"/> Other (specify):		Amount: Numeric	Account Type <input type="checkbox"/> Cash <input type="checkbox"/> Margin
Amount: Alpha			
If you are requesting a distribution of funds within 90 days of deposit, please provide the source of deposited funds			
Receiving Bank ABA Number		Bank Name	
City		State	
Second Bank Information - International			

### Further Credit to Intermediary Financial Institution (optional)

Account Number	Name
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### Ultimate Beneficiary Information

Beneficiary Name	Account Number
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### For Federal Fund Wires Outside of the U.S. Only

Chips ABA	Swift Code	Bic Code
IBAN		

## STEP 5. ADDITIONAL WIRE 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 6. SIGNATURES**

**Account Owner/Trustee**

Print Name	Date
Signature X	

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

Print Name	Date
Signature X	

**STEP 7. ADVISOR ATTESTATION AND SIGNATURE: REQUIRED FOR ALL TRANSACTIONS**

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 those authorized to act on their behalf that the LOA instructions are authentic and the signature(s) on the instructions is their own. 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.

Print Name	Date
Signature X	
Title and Position	