



HARBOUR INVESTMENTS, INC.  
Brokerage Services  
& Financial Consultants

Date: \_\_\_\_\_

Pershing LLC  
1 Pershing Plaza  
Jersey City, NJ 07399

RE: \_\_\_\_\_ (Account Registration)

Account # \_\_\_\_\_

To Whom It May Concern:

Partial: Please send a check in the amount of \$ \_\_\_\_\_

Full Distribution of All Funds

Close Account after Sending All Funds

Please make the check payable to:

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To the following address (if different from above):

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any questions regarding this request can be directed to my Financial Representative,

\_\_\_\_\_ at (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_.

Client Signature \_\_\_\_\_ Client Signature \_\_\_\_\_

Print Client Name \_\_\_\_\_ Print Client Name \_\_\_\_\_