



## WHEN TO USE THIS FORM

To withdraw funds from your ETC Brokerage Taxable/ Non-Qualified Account, complete this Withdrawal Request Form.

## INSTRUCTIONS & GUIDELINES

When completing this Request Form, please follow these guidelines:

- Be sure to fill out the entire Withdrawal Request Form, sign and date ALL necessary fields.
- When authorizing an Asset Withdrawal a Fair Market Valuation Form may be required.
- When authorizing a Cash Withdrawal, be sure to specify your desired payment type.
- When selecting a method of disbursement, be sure to review the fees associated with each method.
- If authorizing a wire transfer, be sure to contact your bank to determine the proper routing procedures.
- Section 5 must be completed for payments identified as Third Party.
- Signature(s) must be notarized or DocuSign Knowledge Based Authentication certification must be provided for disbursements issued to a Third Party.

## CONTACT INFORMATION

**For assistance, please contact us at:**

**TOLL FREE:**  
(877) 819-8918

## SUBMISSION OPTIONS

### BY FAX:

(440) 365-1447

### OVERNIGHT:

ETC Brokerage Services  
1 Equity Way  
Westlake, OH 44145

### REGULAR MAIL:

ETC Brokerage Services  
P. O. Box 451249  
Westlake, OH 44145

### BY E-MAIL:

[ETCBrokerage@ETCBrokerage.com](mailto:ETCBrokerage@ETCBrokerage.com)

**DO NOT FAX OR MAIL THIS COVER PAGE**

**INVESTMENT PRODUCTS: NOT FDIC INSURED - NO BANK GUARANTEE - MAY LOSE VALUE**

1 ACCOUNT INFORMATION			
ACCOUNT REGISTRATION		ACCOUNT NUMBER	
ADDRESS	CITY	STATE	ZIP CODE
EMAIL ADDRESS	LAST 4 DIGITS OF SSN		BIRTH DATE

2 WITHDRAWAL INSTRUCTIONS	
<input type="checkbox"/>	<b>Complete Withdrawal</b> (Account to be closed)

<input type="checkbox"/>	<b>Partial/One-Time Withdrawal</b> - Specify Dollar Amount \$ _____	*Please have requested funds available in cash *Please note that a minimum cash balance of \$500 is required to maintain an account with ETC Brokerage if holding Alternative Investment(s).
--------------------------	--	---

<input type="checkbox"/>	<b>Partial/One-Time Asset Withdrawal In-Kind</b>	
	TICKER OR CUSIP	ASSET DESCRIPTION
	TICKER OR CUSIP	ASSET DESCRIPTION
	TICKER OR CUSIP	ASSET DESCRIPTION
	TICKER OR CUSIP	ASSET DESCRIPTION
		# OF SHARES/UNITS OR AMT
		# OF SHARES/UNITS OR AMT
		# OF SHARES/UNITS OR AMT
		# OF SHARES/UNITS OR AMT

<input type="checkbox"/>	<b>On Demand</b> - To authorize your Designated Financial Representative to submit one-time withdrawal requests and establish, modify, or cancel recurring withdrawal requests. <input type="checkbox"/> New Payee <input type="checkbox"/> Cancel Payee Previously Established
--------------------------	--

**\*In the event you specify "on demand", please note the following terms and conditions apply:**

- (i) To be eligible for on-demand withdrawals, this Withdrawal Request Form must be completed and signed by an Authorized Individual on the Account prior to any on-demand withdrawals occurring.
- (ii) On-demand withdrawals can be disbursed by wire, check, ACH or internally to another ETC Brokerage account. Wire delivery is not available for recurring withdrawal schedules. If you select more than one method in the "Method of Disbursement" section of this Form, each time you contact your Designated Financial Representative to request an on-demand withdrawal you must specify which method to be used. If no Method of Disbursement is selected, a check will be issued and mailed to the Account address on file.
- (iii) A new Withdrawal Request Form must be completed and signed by an Authorized Individual on the Account if there is a change to the bank information, bank account number, ABA routing number or to end an ACH and/or Wire Method of Disbursement.
- (iv) On-demand is not available for Account termination. This Withdrawal Request Form will not authorize an Account for termination.
- (v) Once on-demand withdrawals have been established, a new Withdrawal Request Form must be completed and signed by the Account Holder when changes are made to the type of withdrawal, withdrawal instructions, or the bank ACH and/or wire information.
- (vi) On-demand withdrawals can be established and authorized only by the Account Holder.

3 RECURRING WITHDRAWAL INSTRUCTIONS	
<input type="checkbox"/>	<b>Recurring Withdrawal Schedule</b> (Complete each of the sections below)
A.	Instruction <input type="checkbox"/> Establish New Schedule <input type="checkbox"/> Cancel Existing Schedule <input type="checkbox"/> Change Existing Schedule
B.	Frequency Recurring Dollar Amount Withdrawal Schedules (select frequency below): <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
C.	Start Date Schedule Start Date (month/date/year) _____ <b>Note:</b> The Schedule Start Date will be the recurring withdrawal date unless it falls on a weekend or holiday in which case it will be issued on the business day prior. ACH bank Instructions require a 3 day prenote period before any disbursements can be processed.

Continued on next page



Account Number \_\_\_\_\_

**Recurring Withdrawal Schedule (continued - Complete section below)**

D. Withdrawal Amount (select one below)

Amount Requested (Gross) \$ \_\_\_\_\_

or  All Income Received from Assets

**Note: Income Withdrawal Schedule will issue income received after the request is established. It will not issue income received prior to the receipt of this request. Income sweeps are only available on a weekly frequency.**

**4 METHOD OF DISBURSEMENT\* (Payee Information)**

Please indicate if the "payee" is a third party (someone other than yourself).

• Funds will be sent by check to the Address of Record if no Method of Disbursement is chosen below.

<input type="checkbox"/> <b>SEND FUNDS BY CHECK (DEFAULT OPTION)</b>				<input type="checkbox"/> <b>Yes, this is a Third Party Payee</b>			
MAKE CHECK PAYABLE TO							
MAIL CHECK TO							
ADDRESS				CITY		STATE	ZIP CODE
<input type="checkbox"/> <b>SEND FUNDS BY ACH</b>				<input type="checkbox"/> <b>Yes, this is a Third Party Payee</b>			
BANK NAME				BANK PHONE NUMBER			
ABA ROUTING # (9 DIGITS)							
TYPE OF ACCOUNT				<input type="checkbox"/> Checking		<input type="checkbox"/> Savings	
FOR CREDIT TO				ACCOUNT NUMBER			
<input type="checkbox"/> <b>SEND FUNDS BY WIRE (\$30.00 DOMESTIC WIRE FEE)</b>				<input type="checkbox"/> <b>Yes, this is a Third Party Payee</b>			
BANK NAME				BANK PHONE NUMBER			
ABA ROUTING # (9 DIGITS)							
TYPE OF ACCOUNT				<input type="checkbox"/> Checking		<input type="checkbox"/> Savings	
FOR CREDIT TO				FOR FURTHER CREDIT TO			
ACCOUNT NUMBER				FOR FURTHER CREDIT TO ACCOUNT NUMBER			

**NOTE:** Be sure to contact your bank to verify the proper routing number for ACH/EFT transfers.

<input type="checkbox"/> <b>DEPOSIT TO ETC BROKERAGE SERVICES ACCOUNT</b>	
ACCOUNT REGISTRATION	ACCOUNT NUMBER
CONTRIBUTION DESIGNATION (if applicable): <input type="checkbox"/> IRA <input type="checkbox"/> ROTH <input type="checkbox"/> SEP <input type="checkbox"/> SIMPLE <input type="checkbox"/> HSA <input type="checkbox"/> CESA	IRA or ROTH CONTRIBUTION YEAR (if applicable): <input type="checkbox"/> CURRENT YEAR <input type="checkbox"/> PRIOR YEAR

**5 REQUIRED FOR THIRD-PARTY PAYMENTS\***

CLIENT RELATIONSHIP TO RECIPIENT			
BUSINESS PURPOSE FOR PAYMENT			
ADDRESS OF WIRE RECIPIENT		CITY	STATE
			ZIP CODE



Account Number \_\_\_\_\_

**6 SIGN and DATE**

By signing this form, I/we understand and agree that this authorization will remain valid until a written revocation is received by ETC Brokerage Services ("ETC Brokerage").

I/We certify that I am/we are the proper party to receive payment(s) from this Account and that all information provided is true and accurate. I/We expressly assume the responsibility for any tax implications and any adverse consequences which may arise from this withdrawal, and I/we agree that ETC Brokerage shall in no way be held responsible. I/We have not received any tax or legal advice in connection with this withdrawal from ETC Brokerage or any of its affiliates.

ACCOUNT OWNER'S SIGNATURE	DATE	JOINT ACCOUNT OWNER'S SIGNATURE (if applicable)	DATE
---------------------------	------	---	------

**Notary is required for Third-party disbursements unless Dosusign's Knowledge Based Authentication certification is provided.**

**Certificate of Acknowledgment of Notary Public\***

State of \_\_\_\_\_ in the County of \_\_\_\_\_ On (mm/dd/yyyy)

the above-named individual(s) personally appeared before me and proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument, the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY that the foregoing paragraph is true and correct.

Signature: Notary

Today's Date (mm/dd/yyyy)

**(NOTARY SEAL)**

Print Notary Name

My Commission Expires (mm/dd/yyyy)

\*If your state law permits, notaries may attach the appropriate notarizing declaration in lieu of this notarization.