



## WHEN TO USE THIS FORM

To withdraw funds from your Equity Trust Company Non-Retirement Custodial 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.

**Note:** We may also request a copy of the driver's license or other identifying document for each beneficial owner listed on this form.

## SUBMISSION OPTIONS

### OVERNIGHT:

Equity Trust Company  
Attn: Innovayte Operations  
1 Equity Way  
Westlake, OH 44145

### REGULAR MAIL:

Equity Trust Company  
Attn: Innovayte Operations  
P. O. Box 451249  
Westlake, OH 44145

### BY FAX:

440-365-1447

## CONTACT INFORMATION

**For assistance, please contact:**

### TOLL FREE:

(877) 819-8918

## 1 ACCOUNT INFORMATION

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

## 2 WITHDRAWAL INSTRUCTIONS

☐ **Complete Withdrawal (Account to be closed)**

☐ **Partial/One-Time Withdrawal - Specify Dollar Amount** \* Please have requested funds available in cash  
\$ \_\_\_\_\_

☐ **Partial/One-Time Asset Withdrawal In-Kind**

TICKER OR CUSIP	ASSET DESCRIPTION	# OF SHARES/UNITS OR AMT
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## 3 RECURRING WITHDRAWAL INSTRUCTIONS

☐ **Recurring Withdrawal Schedule** (Complete each of the sections below)

A. Instruction  
☐ Establish New Schedule    ☐ Cancel Existing Schedule    ☐ Change Existing Schedule

B. Frequency  
 Recurring Dollar Amount Withdrawal Schedules (select frequency below):  
☐ Daily (For income schedules only)    ☐ Monthly    ☐ Quarterly    ☐ Semi Annual    ☐ Annual

C. Start Date  
 Schedule Start Date (month/date/year) \_\_\_\_\_

**Note: 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. New ACH bank Instructions require a 3 day prenote period before any disbursements can be processed.**

D. Withdrawal Amount (select one below)  
☐ Amount Requested \$ \_\_\_\_\_ 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 available on a daily, monthly, quarterly, semi annual, annual frequency.**

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

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

☐ **SEND FUNDS BY CHECK (DEFAULT OPTION)**

MAKE CHECK PAYABLE TO

MAIL CHECK TO

ADDRESS

CITY

STATE

ZIP CODE

MEMO

☐ **SEND FUNDS BY ACH** (Please allow 3 business days for pre-note)

BANK NAME

BANK PHONE NUMBER

ABA ROUTING # (9 DIGITS)

TYPE OF ACCOUNT

☐ Checking☐ Savings

FOR CREDIT TO

ACCOUNT NUMBER

☐ **SEND FUNDS BY WIRE** (\$30.00 DOMESTIC WIRE FEE)

BANK NAME

BANK PHONE NUMBER

ABA ROUTING # (9 DIGITS)

TYPE OF ACCOUNT

☐ Checking☐ Savings

FOR CREDIT TO

ACCOUNT NUMBER

**NOTE:** Be sure to contact your bank to verify the proper routing number for ACH transfers.☐ **DEPOSIT TO EQUITY TRUST COMPANY OR ETC BROKERAGE SERVICES ACCOUNT**

ACCOUNT REGISTRATION

ACCOUNT NUMBER

CONTRIBUTION DESIGNATION (if applicable):

☐ IRA ☐ ROTH ☐ SEP ☐ SIMPLE ☐ HSA ☐ CESA

IRA or ROTH CONTRIBUTION YEAR (if applicable):

☐ Current Year ☐ Prior Year**5 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 Equity Trust Company Services ("ETC").

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 shall in no way be held responsible. I/We have not received any tax or legal advice in connection with this withdrawal from ETC or any of its affiliates.

ACCOUNT OWNER'S SIGNATURE

DATE

JOINT ACCOUNT OWNER'S SIGNATURE (If applicable)

DATE