

ACH AUTHORIZATION AGREEMENT FOR RETIREMENT PLANS (IRA, QRP, AND EDUCATION SAVINGS ACCOUNTS)

Please complete the following fields to begin the electronic transfer of funds between your brokerage account and your bank account. You may begin depositing funds into your brokerage account from your bank account, or send payments to your bank account from your brokerage account. All transactions are processed through the Automated Clearing House (ACH) system.

I. ACCOUNT INFORMATION

BROKERAGE ACCOUNT HOLDER'S NAME(S): _____

BROKERAGE ACCOUNT NUMBER: _____

SOCIAL SECURITY NUMBER: _____

II. BANK ACCOUNT INFORMATION

ABA NUMBER: _____

DDA NUMBER: _____

BANK NAME: _____

CITY AND STATE: _____

ACCOUNT TYPE:

CHECKING

SAVINGS

I (we) hereby authorize Pershing LLC, to initiate credit/debit entries to the bank account indicated above and further authorize my (our) Bank to debit the same to such account.

This authority is to remain in full force and effect until Pershing has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Pershing and my (our) Bank a reasonable opportunity to act on it. It is understood that if the systematic reinvestment system is selected, the purpose of this authorization is to provide a means of payment for purchases of securities through my investment professional or financial organization.

PRIMARY ACCOUNT OWNER

JOINT ACCOUNT OWNER (IF APPLICABLE):

NAME: _____

NAME: _____

SIGNATURE: _____

SIGNATURE: _____

DATE: _____

DATE: _____

PLEASE COMPLETE: (For processing by Introducing Financial Organization)

A. ACH TYPE

PERIODIC DEPOSITS TO BROKERAGE ACCOUNT

PERIODIC DISTRIBUTIONS TO BANK ACCOUNT

INCOME DISTRIBUTIONS TO BANK ACCOUNT

PERIODIC PURCHASE OF MUTUAL FUNDS (NOTE: ACH is contingent upon the execution of periodic mutual fund purchases.)

B. FREQUENCY

SEMI-MONTHLY

MONTHLY

BI-MONTHLY

QUARTERLY

SEMI-ANNUALLY

ANNUALLY

C. CONTRIBUTION AMOUNT FOR DEPOSITS AND DISTRIBUTIONS (WHOLE DOLLARS ONLY):

AMOUNT: _____

START DATE: _____

D. CONTRIBUTION TYPE (FOR ESA/IRA/SEP/SIMPLE/QRP ONLY):

PARTICIPANT CURRENT YEAR

EMPLOYER CURRENT YEAR

NOTE: A Distribution Request Form is required for retirement accounts. All deposits to your brokerage account will be reflected as a current year contribution.

PLEASE ADHERE, WITH TAPE, AN ORIGINAL VOIDED BANK ACCOUNT CHECK HERE. DO NOT STAPLE.



PCPRACH