

This request initiated by:

 Account Owner

 Advisor of Record

Account Information (Please Print)

9 Digit Account # _____

Account Owner Name(s) _____

Social Security Number/Tax I.D. _____

Daytime Telephone Number _____

Withdrawal Amount:
 Full (All holdings will be liquidated and the account closed. \$75 closing fee will be assessed.)

 Partial One Time – \$ Amount: _____

- Withdraw from existing cash position only
- Redeem holdings pro-rata (default unless otherwise indicated)
- Redeem following holding (only available for self-directed accounts):

 Partial Systematic – \$ Amount: _____

Frequency:

 Monthly Quarterly Annually

Start Month: _____

*All funds will be liquidated on a pro-rata basis

 *All disbursements will occur the 11th of the month or the next business day

 Mark here if this request is to **update** a current systematic payment

 Mark here if this is in **addition** to existing instructions.

Ticker Symbol	Fund Name	Percentage or \$ Amount

Notes:

- For partial withdrawal requests of 95% of the account value or greater, OPS will liquidate 100% of the account due to potential market fluctuation. Any remaining funds will be allocated to cash.
- Withdrawals from existing cash cannot be processed if cash sufficient to cover withdrawal is not available. For self-directed accounts, you should initiate redemptions through the OPS website prior to submitting this form.
- For accounts linked to a strategist model, withdrawals from existing cash may interfere with the model's total allocation since most strategist models have some allocation to cash.
- For sleeved accounts, holdings will be redeemed pro-rata based on the Distribution Method of record at the time this form is processed. **Specific sleeve instructions will not be accepted on this form.** You may update the Distribution Method of record at any time via the "Sleeve Maintenance" tool on the OPS website.

Disbursement Instruction: Please note that Fidelity requires standing instructions to already be on file for ACH disbursements.*

 Mail check to address of record Overnight Shipping ACH to bank account* Wire to bank account

 Alternate Payee/Address – **Account Owner signature required below**
Bank Information

Alternate Payee: _____

Routing/ABA number: _____

Alternate Address: _____

Bank account number: _____

Bank account title: _____

 Journal to OPS 9 digit Account# _____

 Checking Savings

NOTES:

- Receiving account owner must also be an account owner of delivering account. If not, then the account owner of the delivering account must sign below.
- If account receiving journal is an IRA, please indicate reportable tax year of contribution: Current Year Prior Year

Signature (Account Owner or Advisor) _____

Date _____

Signature (Joint Owner/Beneficiary/Executor) _____

Date _____