

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 holdings (only available for self-directed accounts):
- Partial Systematic – \$ Amount: _____
- Frequency: Monthly Quarterly Annually

Ticker Symbol	Fund Name	Percentage or \$ Amount

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

Notes:

- For partial withdrawal requests of 95% of the account value or greater, FTJFC 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 FTJFC 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 FTJFC website.

Disbursement Instruction:

- 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 FTJFC 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 _____