

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

Start Month: \_\_\_\_\_

\*All funds will be liquidated on a pro-rata basis  
 \*All disbursements will occur the 11<sup>th</sup> 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:**

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: \_\_\_\_\_

- R X U 3Q 6D O G L W R W \$ F F R X Q W \_\_\_\_\_ ecking a ings

1 2 7 ( 6

& X U  Prior Year

Signature (Account Owner or Advisor) \_\_\_\_\_ Date \_\_\_\_\_

Signature (Joint Owner/Beneficiary/Executor) \_\_\_\_\_ Date \_\_\_\_\_