# EQUITIES WITHDRAWAL REQUEST FORM

**To withdraw funds or close an account, please complete and sign the Funds Request Form then fax it back to the respective firm at which your account is held:**

***PLEASE NOTE: All withdrawal requests may be subject to phone verification prior to transferring funds. Customer and bank account information MUST match the information provided on your original account application. The firm does not make or receive payments to third parties. *Requests may be delayed due to pending settlement dates or recent deposits.**

**CUSTOMER INFORMATION:**

| | |
|---|---|
| **Date:** | **MB Trading Account Number:** |
| **Account Title / Name:** | **Telephone No.:** |
| **Address:** | |

**WITHDRAWAL INFORMATION:**

| | |
|---|---|
| **Withdrawal Amount (USD):** | **Will this Account be closed (Yes/No):** |
| **Delivery Method (For a list of current fees applicable to your delivery method, please refer to our website and select the applicable product type "i.e. Equities)**<br><br>**Select one:**<br>**(Funds may only be sent to the Account title held at the firm. Check requests can only be sent to the address of record)** | □ **Wire Transfer**<br>□ **Check by Regular Mail (no fee)**<br>□ **Overnight Check**<br>□ **Overnight Saturday Delivery (Domestic Accounts only)** |

**BENEFICIARY BANK INFORMATION:**

| | | |
|---|---|---|
| **Bank Name (REQUIRED):** | **Bank Address, City, State, Zip, Country (REQUIRED):** | |
| **Beneficiary Bank Routing Transfer Number:** | **Swift # (foreign wires only):** | **Country (foreign wires only):** |

**BENEFICIARY / RECIPEINT INFORMATION:**

| | | |
|---|---|---|
| **Beneficiary / Recipient Bank Account Number:** | **Beneficiary / Recipient Name:** | **Beneficiary Address, City, State, Zip, Country (REQUIRED):** |

**INTERMEDIARY BANK INFORMATION (THIS IS A FINANCIAL INSTITUTION THAT THE WIRE MUST PASS THROUGH BEFORE REACH THE FINAL BENEFICIARY BANK). THIS SECTION IS OPTIONAL AND NOT REQUIRED FOR ALL WIRES:**

| | | |
|---|---|---|
| **Correspondent Bank ABA:** | **Bank Name (REQUIRED):** | **Bank Address, City, State, Zip, Country (REQUIRED):** |

**I agree to hold all parities acting on this request, including Penson Financial Services, MB Trading and MB Trading Futures, and their respective agents and employees (hereinafter, collectively, "the parties") harmless from any and all claims, demands, proceedings, suits, and actions, and all liabilities, losses, and expenses including without limitation those asserted by me, associated with actions taken by the parties due to instructions received from me in this request.**

| | | |
|---|---|---|
| **Primary Customer Signature** | **Print Name** | **Date** |
| **Joint Customer Signature** | **Print Name** | **Date** |

## *REQUESTS MUST BE RECEIVED BY 10:30AM PST TO BE PROCESSED SAME DAY.

Rev121211

**FAX NUMBER: 310-388-3115**