

Move Money

Non-Retirement

Check to a Third Party or Alternate Address

TPC

Account Number

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Instructions: Use this form to request a check distribution from an LPL Financial ("LPL") account.
Please mail the completed form to Trade Direct, P.O. Box 509049 San Diego, CA 92150-9049 or fax to (858) 202-8500.

1. Account Holder Information

Account Registration

Social Security Number

2. Distribution Instructions

Check Payable to Third Party Payee (leave blank if yourself)

For Benefit of (Name of Person)

Specify Relationship to Account Holder if using Third Party Payee

Special Instructions (optional - name not printed on check / for charitable donations)

Mail to Third Party Address (leave blank if mail to address of record)

Third party checks made payable to an individual or an institution for the benefit of an individual other than the account owner that exceeds \$14,000 may require additional information and/or documentation which is subject to review.

3. Distribution Frequency

On Demand Request

This feature allows LPL Financial to request a Check from this account on your behalf, based on the instructions defined above.

- New set of instructions Additional set of instructions

One Time Distribution:

- Distribution Amount: \$ or Total and Close Account

Note: Ensure cash and/or equivalent available in the account prior to submitting this request. For Optimum Market Portfolios necessary cash will be made available after submitting the request. Additional processing time required for advisory accounts.

Check Mailing Options - First Class Mail (no fee) is the default option for Checks.

To expedite delivery, make a selection below. A \$15 fee will be charged to your account for overnight delivery.

- FedEx - Overnight (Monday - Friday delivery - Street address only, no P.O. Box)
 USPS - Express Mail (2-3 days)
 FedEx - Saturday Overnight (Saturday delivery is not applicable to rural areas - Street address only, no P.O. Box)

Signature Required:

- Yes No



Periodic Distribution

For Periodic Distribution, the check will be mailed by first class mail.

- New set of instructions
- Additional set of instructions
- Update to instructions

Periodic Amount \$ or for income distributions only, check all that apply below:

Note: Amount must be at least \$500 for Optimum Market Portfolio accounts and at least \$250 for Model Wealth Portfolio accounts.

- Dividends
- Interest*
- Capital Gains
- Partnership Distributions
- Redemptions
- Principal Payments

*ICA interest is not available for income distributions

Periodic Frequency

If no frequency is selected, monthly distributions will be set up. If no start date is indicated, the first day of the next month will be selected.

- Weekly
(Not available for OMP accounts)
- Semi-Monthly
- Monthly
- Quarterly
- Semi-Annually
(Not available for OMP accounts)
- Annually
(Not available for OMP accounts)

First Payment Date:

Must be the 1st or 15th for Optimum Market Portfolios

Last Payment Date (optional):

This date must fall on a business day

4. Authorization form must be signed by all account holders, authorized corporate officers or the outside custodian.

I/We hereby authorize LPL to remit monies as indicated above and to process debit entries and adjustments as needed.

If this is a Custodial account, I/we acknowledge and agree that any funds or securities transferred out of the account and into the account of the custodian shall be used or applied solely for the benefit of the minor.

If the minor has reached the age of majority per state guidelines then he/she is required to sign the request. A copy of the birth certificate will be required.

By selecting On Demand and signing this form I/we understand that I/we am/are giving LPL authorization to remit monies as indicated from the above referenced account without additional written authority on my/our part. This authorization and indemnity will remain in full force and effect for one calendar year unless revoked by me/us by written notice addressed and delivered to LPL. Such revocation shall not affect any liability in any way resulting from transactions initiated prior to such revocation. This form expires one year from the signed date. A new form must be executed and resubmitted to LPL on an annual basis. I/We hereby finally and irrevocably release and discharge you of any claims by me/us or your legal representatives with reference to the foregoing, including the proceeds of the sale or other disposition thereof.

Account Holder Signature

Account Holder Name (print)

Date

Account Holder Signature

Account Holder Name (print)

Date

Account Number

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