

**Authorization Form to Disburse Cash From a RETAIL Brokerage Account**

Account Number: \_\_\_\_\_ Account Name: \_\_\_\_\_

For the Amount of \$ \_\_\_\_\_

*Complete Appropriate Section Below*

<b>Section 1: Check Instructions</b>			
Delivery method <input type="checkbox"/> First Class Mail <input type="checkbox"/> Overnight (\$12 Fee)			
<input type="checkbox"/> <b>Check payable as account is registered and to the address of record on the brokerage account</b> (Does not require a signed authorization and can be requested verbally by calling 1-800-369-2862)			
<input type="checkbox"/> <b>Check payable to alternate payee</b>			
Alternate Payee Name _____			
<input type="checkbox"/> <b>Check mailed to alternate address</b>			
Street	City	State	Zip
<b>Section 2: Federal Fund Wire Transfer</b> **Note:At least one brokerage account owner must be registered on the financial institution account. For wires from a custodial account, the minor's name must be included on the registration of the receiving account.			
<input type="checkbox"/> <b>Use my EXISTING Standing Fed Fund Wire Instructions on file</b> – Previous Standing Wire Instruction information must already be on file to select this option. – A \$25 Fee will be charged.			
<input type="checkbox"/> <b>Please add the following NEW Standing Fed Fund Wire Instructions</b> – A \$25 Fee will be charged			
Financial Institution Name:		Financial Institution Routing #	
Financial Institution Account Registration:			
Financial Institution Union Account #:			
For Further Credit to #:			
<u>Standing Fed Wire Authorization</u>			
<ul style="list-style-type: none"><li>• I/We authorize the financial account information shown above to be used as Standing Fed Wire Instructions for the purpose and use of this and future Fed Fund Wire requests.</li><li>• I/We understand that a \$25 wire fee will be charged to my account for each request.</li><li>• For future Fed Wire requests, verbal authorization indicating the dollar amount and verifying the financial institution information will be accepted from the representative or account owner.</li><li>• To update financial institution information currently on file, a new authorization request will be required.</li><li>• These instructions must be used at least every 15 months in order to remain valid or until I/we notify CUNA Brokerage Services, Inc. to remove them.</li></ul>			
<b>Section 3: Journal Instructions</b>			
<input type="checkbox"/> <b>Journal \$ to Another Retail CUNA Brokerage Services Brokerage Account</b>			
Retail Account Number:		Account Name:	
<input type="checkbox"/> <b>Journal \$ as a Contribution to the following CUNA Brokerage Services IRA Account</b>			
IRA Account Number:		Account Name:	
For Tax Year:			
<b>Additional Instructions</b> – Please check if you wish to close this account			
<input type="checkbox"/> <b>Please Close this Account after completing this request</b>			

I (We) hereby confirm and authorize the above instructions to deliver cash from the brokerage account indicated.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Note: All persons are required to sign this authorization form.  
This form is restricted to one transaction per form – Multiple requests on the same form are not permissible.*

