Pershing
Advisor Solutions™

FEDERAL FUNDS WIRE REQUEST
(From Pershing LLC to Bank Account)

Pershing Advisor Solutions Account Number: ☐☐☐ – ☐☐☐☐☐☐ Investment Advisor: _____

- The appropriate distribution form must be sent prior to requesting a federal fund wire from a Pershing LLC retirement account.
- The cutoff time for federal fund wire processing is 2:00 p.m. (ET) [12:30 p.m. (ET) for non-U.S. dollar wires]. Federal fund wire fees may apply.
- To ensure accurate and timely processing, please complete all required information.

❑ STANDING INSTRUCTIONS [Please note that standing instructions will remain in effect once approved until PAS is notified to revoke them or until the instructions expire (15 months from date of approval from PAS). Please do not complete Section III.]

❑ FIRST PARTY WIRE (To send a federal fund wire to a bank account in the same name as the account owner.)

❑ THIRD PARTY WIRE (To send a federal fund wire to a bank account that is NOT in the same name as the account owner.)

Verification of Wire/Purpose: _____

I. ACCOUNT OWNER'S INFORMATION

ACCOUNT OWNER'S/TRUSTEE'S NAME | CUSTODIAN/JOINT ACCOUNT OWNER'S NAME

STREET ADDRESS (may not be a P.O. Box or "in care of" address)

CITY | STATE | ZIP CODE | COUNTRY

II. BANK INFORMATION

BANK NAME | BANK CITY | BANK STATE | BANK COUNTRY

FOR THE BENEFIT OF

RECEIVING BANK ABA NUMBER | RECEIVING BANK ACCOUNT NUMBER

FURTHER CREDIT TO (IF APPLICABLE) | ACCOUNT NUMBER (IF APPLICABLE)

For Federal Fund wires outside of the U.S.:
Chips ABA (Outside U.S. only): _____
Swift Code (Outside U.S. only): _____
Bic Code (Outside U.S. only): _____

III. WIRE INFORMATION

Please do not complete this section for standing instructions.

If requesting a destribution of funds within 90 days of deposit, please provide the souce of deposited funds. _____

PLEASE INDICATE CURRENCY TYPE: ❑ U.S. Dollars ❑ Other: _____

AMOUNT: (NUMERIC): _____
(ALPHA): _____

IV. SIGNATURE(S)

PRINT ACCOUNT OWNER'S/TRUSTEE'S NAME | ACCOUNT OWNER'S/TRUSTEE'S SIGNATURE | DATE ___/___/___

PRINT JOINT ACCOUNT OWNER'S/SECOND TRUSTEE'S NAME | JOINT ACCOUNT OWNER'S/SECOND TRUSTEE'S SIGNATURE | DATE ___/___/___

PRINT INVESTMENT ADVISOR'S NAME | INVESTMENT ADVISOR'S SIGNATURE | DATE ___/___/___

Pershing Advisor Solutions LLC, member NASD, SIPC.
Trademark(s) of Pershing Investments LLC.