

Outgoing Federal Fund Wire Request

- Check here if you entered the request using the Asset Movement function in NetX360™
- Check here if you would like to enter this request as a Standing Instruction*

*Note: Standing instructions are valid for 15 months from the date the client(s) signs this form. If no wires are initiated during this time, the instructions will be removed from the account.

Instructions

- **Do not use this form for retirement accounts — use the IRA Distribution Request form instead.**
- **Third party wire transfers are not permissible.**
- If the funds are intended for Escrow, be sure to include the wire instructions for the Escrow Company.
- Complete all sections of the form (Sections 1-3). Incomplete forms will cause a delay in processing.
- **All** account holders must sign and date the completed form (Section 3).
- Submit the completed and any supporting documentation to the Home Office, Attn: Cashiering.

1. Client and Registered Representative Information

Client Name <i>(Please print)</i>	
Account Number	Registered Representative Name and Number # _____
If the client's address of record (AOR) is a P.O. Box, please provide the physical street address below. <i>(required)</i>	

2. Wire Request Information

Dollar Amount of Wire Request \$ _____	Charge Wire Fee To: <i>(Note: if no choice is made the client will be charged)</i> <input type="checkbox"/> Client <input type="checkbox"/> Advisor's commissions	If sending out all funds and no other assets are in the account: <input type="checkbox"/> Close Account
Receiving (Initial) Bank Name		Receiving (Initial) Bank Phone Number
Federal ABA Number of Receiving (Initial) Bank <i>(9-digit number; please verify with bank)</i>		Account Number at Receiving Bank
Receiving Bank Address		
Name(s) on Receiving Bank Account (registration)		
Address of Account Holder at Receiving Bank, if different from brokerage account registration <i>(Example: address of Escrow Company, brokerage firm, or credit union, if For Further Credit)</i>		
For Further Credit Account Number, if applicable <i>(Example: Escrow Account Number)</i>		Escrow Company Phone Number <i>(if applicable)</i>
Name of Final Beneficiary/For Further Credit To, if applicable <i>(Note: Third party wires are not permitted. Final beneficiary must match the brokerage account)</i>		

3. Signatures

→→ This form must be dated within thirty (30) days of the request. Undated forms will be rejected. ←←

_____ Print Name – Client	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: black; color: white;">Client Signature <i>(required)</i></th> <th style="background-color: black; color: white;">Date of Signature <i>(required)</i></th> </tr> <tr> <td style="height: 30px;"> </td> <td> </td> </tr> </table> <table style="width: 100%;"> <tr> <td style="width: 50%;">Client Signature</td> <td style="width: 50%;">Date of Signature</td> </tr> <tr> <td style="height: 30px;"> </td> <td> </td> </tr> </table>	Client Signature <i>(required)</i>	Date of Signature <i>(required)</i>			Client Signature	Date of Signature		
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_____ Print Name – Joint Client <i>(if applicable)</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: black; color: white;">Joint Client Signature <i>(if applicable)</i></th> <th style="background-color: black; color: white;">Date of Signature</th> </tr> <tr> <td style="height: 30px;"> </td> <td> </td> </tr> </table>	Joint Client Signature <i>(if applicable)</i>	Date of Signature						
Joint Client Signature <i>(if applicable)</i>	Date of Signature								

As a representative or authorized agent of SagePoint Financial, Inc., I attest that the above individual is a known client to me and that I have verbally confirmed the above distribution instructions with the client.
(required for third-party check, third-party journal, and all federal fund wire requests)

_____ Print Name – Registered Representative or Authorized Agent of Representative	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: black; color: white;">Registered Rep/Agent Signature</th> <th style="background-color: black; color: white;">Date of Signature</th> </tr> <tr> <td style="height: 30px;"> </td> <td> </td> </tr> </table> <table style="width: 100%;"> <tr> <td style="width: 50%;">Registered Rep/Agent Signature</td> <td style="width: 50%;">Date of Signature</td> </tr> <tr> <td style="height: 30px;"> </td> <td> </td> </tr> </table>	Registered Rep/Agent Signature	Date of Signature			Registered Rep/Agent Signature	Date of Signature		
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Attestation By:

- Registered Representative of SagePoint Financial, Inc. Authorized Agent of Registered Representative
- Other *(please explain)*: _____