

# Third Party Check 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 checks 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.**
- This form may be used to request funds from a retail brokerage account in order to purchase a direct investment, such as a REIT/LP.
- Do not use this form for UTMA/UGMA Custodial Accounts. The UTMA/UGMA Asset Transfer Request form must be used instead.
- Complete all sections of the form (Sections 1-4). Incomplete forms will cause a delay in processing.
- **All** account holders must sign and date the completed form (Section 4).
- Submit the completed and any supporting documentation to the Home Office, Attn: Cashiering.

## 1. Client and Registered Representative Information

Client Name *(Please print)*

Account Number

Registered Representative Name and Number

# \_\_\_\_\_

## 2. Check Request Information

Indicate relationship and purpose of the transaction *(required)*

Dollar Amount of Check Request

\$ \_\_\_\_\_

If sending out all funds and no other assets are in the account:

Close Account

Make Check Payable To:

For the Benefit Of:

**FBO**

Reference Account or Contract Number *(if applicable)*

Street Address

City, State, ZIP Code

Special Instructions

## 3. Delivery Information If fees apply and no election is indicated below, the client's account will be charged

Send via regular mail

Send via Overnight Delivery

Send via Saturday Delivery\*

\*Saturday delivery may not be available in all areas.

**Charge Overnight/Saturday delivery fee to:**

Client account

Advisor's commissions

**Signature Required?**

Yes

No

If no election is made, a signature will be required on delivery.

## 4. Signatures

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

**Client Signature *(required)***

**Date of Signature *(required)***

Print Name – Client

Client Signature

Date of Signature

Print Name – Joint Client *(if applicable)*

Joint Client Signature *(if applicable)*

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)*

**Registered Rep/Agent Signature**

**Date of Signature**

Print Name – Registered Representative or Authorized Agent of Representative

Registered Rep/Agent Signature

Date of Signature

**Attestation By:**

Registered Representative of SagePoint Financial, Inc.

Authorized Agent of Registered Representative

Other *(please explain)*: \_\_\_\_\_