



Request To Disburse Check

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(858) 530-1820 FAX
www.shareholdersgroup.com

NOTE: For use with non-IRA accounts only. **IRA and 401(k) accounts must use a distribution form.**
Disbursements via ACH must be established with ACH authorization set-up form.
Cut-off times vary based on money market fund held in the client account.

Please send \$ _____ from my/our account as follows:
From Account Number: _____
Account Name(s): _____

SEND CHECK TO THE ADDRESS OF RECORD

Indicate delivery method: US Postal Service 1st class (free of charge)
 Overnight delivery (overnight delivery fees will apply)

Check disbursement instructions:

One time

Send Periodically

Indicate Periodic Frequency: Monthly Quarterly Semi-annually Annually
For periodic disbursements, indicate the starting date _____

Send from:

Cash/Money fund
 Margin Account

THIRD PARTY CHECK or DELIVERY TO ALTERNATE ADDRESS (Notarization may be required. For joint accounts, all parties must sign.)

Payee Name _____

Address _____

Indicate delivery method: US Postal Service 1st class (free of charge)
 Overnight delivery (overnight delivery fees will apply)

Check disbursement instructions:

One time

Send Periodically

Indicate Periodic Frequency: Monthly Quarterly Semi-annually Annually
For periodic disbursements, indicate the starting date _____

Send from:

Cash/Money fund
 Margin Account

Standing Instructions for third party payments to the same payee/address. By signing below I authorize SSG to accept written or verbal instructions from me or my investment advisor to send checks from my account to the payee name and address above. This authorization is ongoing and shall remain in effect until written revocation is received by SSG or after 15 months of non-use, whichever comes first.

Agreement: I agree to indemnify and hold harmless SSG and any person controlling or under common control with it from and against any cost, liability, or expense arising out of or connected with this request. I hereby fully and forever agree to release and discharge SSG, its officers, employees, subsidiaries, affiliates, and agents, and indemnify and hold harmless each of them from any and all liability or responsibility for any and all claims, losses, costs, charges, fees, expenses, taxes, penalties, damages, attorney's fees or other cost whatsoever including any liability or responsibility arising from or as a direct or indirect result of acting on these instructions.

Signature Date

Signature Date

Notarization may be required
Subscribed and sworn to before me this _____ day of _____, 20_____

Notary Public