

# ACH AUTHORIZATION AGREEMENT FOR RETIREMENT PLANS (IRA, QRP, AND EDUCATION SAVINGS ACCOUNTS)

Please complete the following fields to begin the electronic transfer of funds between your brokerage account and your bank account. You may begin depositing funds into your brokerage account from your bank account, or send payments to your bank account from your brokerage account. All transactions are processed through the Automated Clearing House (ACH) system.

## I. ACCOUNT INFORMATION

BROKERAGE ACCOUNT HOLDER'S NAME(S): \_\_\_\_\_

BROKERAGE ACCOUNT NUMBER:     -       SOCIAL SECURITY NUMBER:    -   -

## II. BANK ACCOUNT INFORMATION

ABA NUMBER: \_\_\_\_\_ DDA NUMBER: \_\_\_\_\_

BANK NAME: \_\_\_\_\_ CITY AND STATE: \_\_\_\_\_

ACCOUNT TYPE:       CHECKING       SAVINGS

I (we) hereby authorize Pershing LLC, to initiate credit/debit entries to the bank account indicated above and further authorize my (our) Bank to debit the same to such account.

This authority is to remain in full force and effect until Pershing has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Pershing and my (our) Bank a reasonable opportunity to act on it. It is understood that if the systematic reinvestment system is selected, the purpose of this authorization is to provide a means of payment for purchases of securities through my investment professional or financial organization.

PRIMARY ACCOUNT OWNER

JOINT ACCOUNT OWNER (IF APPLICABLE):

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

### PLEASE COMPLETE: (For processing by Introducing Financial Organization)

#### A. ACH TYPE

- PERIODIC DEPOSITS TO BROKERAGE ACCOUNT       PERIODIC DISTRIBUTIONS TO BANK ACCOUNT  
 INCOME DISTRIBUTIONS TO BANK ACCOUNT  
 PERIODIC PURCHASE OF MUTUAL FUNDS (NOTE: ACH is contingent upon the execution of periodic mutual fund purchases.)

#### B. FREQUENCY

- SEMI-MONTHLY       MONTHLY       BI-MONTHLY       QUARTERLY       SEMI-ANNUALLY       ANNUALLY

#### C. CONTRIBUTION AMOUNT FOR DEPOSITS AND DISTRIBUTIONS (WHOLE DOLLARS ONLY):

AMOUNT: \_\_\_\_\_ START DATE: \_\_\_\_\_

#### D. CONTRIBUTION TYPE (FOR ESA/IRA/SEP/SIMPLE/QRP ONLY):

- PARTICIPANT CURRENT YEAR       EMPLOYER CURRENT YEAR

NOTE: A Distribution Request Form is required for retirement accounts. All deposits to your brokerage account will be reflected as a current year contribution.

PLEASE ADHERE, WITH TAPE, AN ORIGINAL VOIDED BANK ACCOUNT CHECK HERE. DO NOT STAPLE.



PCPRACH