



Using **DocuSign**® is the preferred way to complete your request. Please choose one:

Existing Bank Link – LPOA On File

Existing Bank Link – No LPOA On File

New Bank Link

Or email this form to service@freedomadvisors.com.

1. Account from which to withdraw funds

Custodial Account Name

Custodial Account Number

2. Withdrawal Method

Electronic Funds Transfer (EFT)/ACH

Existing Bank Link – Skip Section 3*

*If multiple bank links are on file, indicate which to use in Section 3.

New Bank Link – Client signature required (Section 6)

Fed Funds Wire

Check (To address of record only)

3. Credit Information

Name(s) on Bank Account

Bank Name

Account Type:

Checking

Savings

Bank ABA/Routing Number

Bank Account Number

The titles of the brokerage and the bank account must be identical.

4. Type of Withdrawal

A. One Time

Partial Withdrawal Amount \$ Date* (MM/DD/YYYY)

Withdraw from Unaffiliated Cash (excludes cash held in a model)

Advisor has entered a Raise Cash Service Request

Advisor instructs Freedom to enter a Raise Cash Service Request

Full Withdrawal* – The entire account, including non-managed holdings (“Discretionary”), will be liquidated and the account will be closed. If funds will be deposited within 90 days, please indicate in Section 5 and the account will remain open for up to 90 days.

**If you wish to cease management without liquidating the entire account, or only liquidate specific securities, please submit a “Terminate/Liquidate” Service Request in Freedom Advisors or contact us at (800) 949-9936, option #2.*

B. Recurring

Instructions: Establish New Instructions Update Existing Instructions

Frequency: Weekly Monthly Quarterly Yearly

Amount \$

Beginning* (MM/DD/YYYY)

Ending (MM/DD/YYYY) No End Date

Advisor has entered a Systematic Withdrawal Service Request

Advisor instructs Freedom to enter a Systematic Withdrawal Service Request

5. Additional Information

**The date is subject to change due to holidays or trading activity. \$50 minimum to transfer funds via ACH.*

Advisor has Disbursement Limited Power Of Attorney (LPOA). Client signature(s) **are not** required.

Advisor does not have Disbursement Limited Power Of Attorney (LPOA). Client signature(s) **are** required.

Instructions Submitted By

Print Name

Date (MM/DD/YYYY)

6. Account Owner(s) Authorization

Signatures are required to establish a new bank link or when the advisor does not have Disbursement LPOA.

Custodial Authorization:

The undersigned hereby authorizes the custodian for the account managed by Freedom Investment Management, Inc. ("Freedom Account"), to debit Freedom Account(s) for the amounts stated herein and to execute one or more transfers for further credit to the noted financial institution (the "Credit Account") in accordance with the method and timing stated herein. These instructions are to remain in full force and effect until the custodian and/or Freedom has received written notification of its termination in such time and in such a manner as to afford the parties a reasonable opportunity to act on it.

The undersigned agrees to indemnify and hold harmless Freedom and/or the custodian, their offices, directors, employees and assigns from and against any loss, liability or expense incurred as a result of complying with these instructions.

Account Owner/Trustee/Custodian/Executor

Date (MM/DD/YYYY)

Additional Account Owner/Co-Trustee/Co-Custodian/Co-Executor

Date (MM/DD/YYYY)

Additional Account Owner/Co-Trustee/Co-Custodian/Co-Executor

Date (MM/DD/YYYY)

Additional Account Owner/Co-Trustee/Co-Custodian/Co-Executor

Date (MM/DD/YYYY)