



Check / Wire / Journal Request (for non-retirement accounts)

Complete and forward to NRP Financial Cashiering Dept. FAX: (419) 630-2082

E-mail: cashiering@nrpfinancial.com

All Submissions - Complete This Section

Account Number: _____ RR Name: _____ RR #: _____

Primary Account Holder: _____

Secondary Account Holder: _____

Reason for this Request (required for all requests of \$3,000 or more): _____

This is a Periodic Request: Start date of first payment (month/day/year): _____
 Semi-monthly Monthly Bi-monthly Quarterly Semi-annual Annual

This is a Total Distribution and Account Closing – please close this account once this request has been completed.

Check Requests - Complete This Section

Please send a check for \$ _____ from my above referenced account to: Send via Over-night Delivery

- The address-of-record on my account (client(s) signature is required for requests of \$100,000 +) Charge fee to Rep
- To a third-party name or address (client(s) signature is required for all third-party name or address requests) Charge account
- To a third-party included in a Standing Letter of Instruction on file (client signature is not required)

If 3rd Party, provide Name: _____

Address: _____

City: _____ State _____ Zip _____

Wire Requests - Complete This Section

Please wire \$ _____ gross of fees, or net of fees from my above referenced account to:

- A bank account with the same name(s) as my account registration (client(s) signature is required for requests of \$100,000+)
- A third-party bank account (client(s) signature is required for all third-party requests)
- A third-party included in a Standing Letter of Instruction on file (client signature is not required)

I/We understand the below financial institution may charge a fee for receiving wired funds into this account.

Bank Information:

ABA Routing #: _____

Bank Name: _____

Bank City: _____ State: _____

Beneficiary Account Info:

Account Name: _____

Account #: _____

Secondary Bank Info (correspondent bank, if applicable):

For Further Credit to: Account Number: _____, Secondary Bank Name: _____

Charge the Pershing wire fee to the Rep (if this is not checked, the Pershing wire fee will be charged to the account)

Journal Requests - Complete This Section

Journal from my above referenced account to account #: _____ (client(s) signature is required for all third-party and \$100,000+)
 refer to the Standing Letter of Instruction on file (client signature is not required)

Registration of Recipient Account: _____

Journal: Securities (please list below) Cash: \$ _____

Securities: _____

All Submissions - Complete This Section

Please Note: For Joint Accounts - only one account owner's signature is required if the Pershing Joint Account Agreement is on file; otherwise, the signatures of all Account Owners are required. For Trusts - an Authorized Person(s) signature is always required.

Primary Account Holder Signature: _____ Date: _____

Secondary Account Holder Signature: _____ Date: _____

RR/Advisor Signature (required for all requests): _____ Date: _____

For NRP Financial Home Office Use Only

- NRPF Approval _____ Date: _____ (Supervising Principal)
- Verify Information _____ Date: _____ (Service)
- Process Request _____ Date: _____ (Service)
- Enter into Back Office System _____ Date: _____ (Documentation)