STATETRUS WEALTH MANAGEMENT

LETTER OF AUTHORIZATION **3RD PARTY DISTRIBUTIONS**

This form is used to provide authorization by the account owner(s) to issue a check or a wire payment to an alternate party that results in a change of beneficial ownership. This form is not intended to be used for ACAT transfers.

STEP 1: ACCOUNT INFORMATION

Brokerage Account Title (Name of this account) Brok					Broker	age Account Number	
Phone Number – best number during business hours						PHONE NUMBER, NOTARY OR MEDALLION Stamp is required for verification.	
STEP 2: AMO	OUNT/TYPE OF REQUEST	-					
Dollar Amount: \$ One time only (default) Standing Instructions			tions	STANDING INSTRUCTIONS ARE VALID FOR			
STEP 3: THI	RD PARTY PAYMENT M	ETHOD – CHECK	OR WIRE -	Select only one		ONE YEAR FROM SIGNATURE DATE BELOW. NOT AVAILABLE FOR IRA ACCOUNTS.	
Check	Make Check Payable to:	A THIRD PARTY DISTRIBUTION RESULTS IN A					
	Mail Check to:			CHANGE OF BENEFICIAL OWNER. EXAMPLES:			
						JON SMITH PAY TO: JON & MARY SMITH	
						JON & MARY SMITH PAY TO: JON SMITH JON SMITH PAY TO: MARY SMITH	
☐ Wire	Bank Name					THIRD PARTY DISTRIBUTIONS FROM AN IRA ACCOUNT ARE LIMITED TO THE FOLLOWING:	
	City	State	ABA/Routing Number			-Alternative Investments -Charitable Donations	
	3 rd Party Beneficiary Name		3 rd Party Beneficiary Account Number			PAYMENTS TO ANOTHER FINANCIAL INSTITUTION FOR THE BENEFIT OF THE ACCOUNT OWNER ARE CONSIDERED	
	3 rd Party Beneficiary Ad	TRANSFERS AND MUST BE SUBMITTED AS					
	Intermediary Bank Nam	e (if applicable)	Intermediary Bank Account Number			FOREIGN ACCOUNT OWNER THIRD PARTY REQUESTS ARE SUBJECT TO ADDITIONAL	
	City	State		Swift Code/IBAN		REVIEW.	
	Purpose of Wire	-					
STEP 4: NOT	ARY OR MEDALLION ST		F			-	
Please use spa		US COARANTE				IF PHONE VERIFICATION IS UNABLE TO BE COMPLETED, A NOTARY OR A MEDALLION STAMP GUARANTEE IS REQUIRED.	

STEP 5: SIGNATURES - ALL ACCOUNT HOLDERS MUST SIGN BELOW

STEL S. SIGNATORES ALE ACCOUNT HOLDERS MOST SIGN BELOW							
By affixing my signature below, I represent to Axos Clearing LLC and my brokerage firm that the information							
contained above is truthful and accurate, and represents my instruction.							
Account Holder Signature	Print Name	Date	-A				
×			BR				
Account Holder Signature	Print Name	Date	SIC				
1			-F(
*			SE				

LL REGISTERED OWNERS ON YOUR ROKERAGE ACCOUNT ARE REQUIRED TO GN THE SAME FORM.

Date

OR BUSINESS AND TRUST ACCOUNTS, PARATE SUPPORTING DOCUMENTATION CONFIRMING THE SIGNATURE AUTHORITY FOR THE BROKERAGE ACCOUNT IS REQUIRED.

SIGNATURE – GENERAL PRINCIPAL SIGNATURE					
General Principal	Print Name				
×					

x

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