

Pershing Check Request

CRF

Please print, preferably in capital letters and black ink. All information requested is **required** unless *optional* is indicated.

Date: _____

From: Rep-advisor _____ Rep number _____
(Please print name)

Pershing account number _____ Account name _____

\$ _____
Dollar amount only (no percentages)

Already entered on NetExchangePro®; CLIC image to the Home Office only if Client signature is required.

Send to address of record? Yes No

Third party payee (client signature required) _____

Third party address _____

Address _____

City _____ State _____ Zip _____

MAILING INSTRUCTIONS

Checks can only be sent regular mail or overnight.

Regular Mail

Overnight (UPS) No P.O. Boxes

Charge to customer account Charge rep number (If not completed, we will charge to the customer account)

Miscellaneous instructions _____

Client signature (if applicable) _____ Date _____

Client signature (if applicable) _____ Date _____

Client signature(s) required for all checks over \$100,000, checks sent to an alternate mailing address, or checks payable to a third party.

Requested by _____

