LPL Financial

Move Money - Wired Funds (Non-Retirement)

Instructions: This form serves as a letter of authorization to wire funds from your LPL account to an account at another financial institution. **LPL will not honor requests to wire funds to a third party or to a foreign country .** Fax the completed form to the Money Desk at (858) 202-8320.

LPL Account Number	Rep ID/Associated Person ID	Account Registration

Wire Transfer Frequency

1. ☐ **One Time Request**

Amount of One Time Request

$ ______ ◯ All Available Cash

Charge the $25 wire fee to: ◯ Financial Advisor ◯ Client

2. ◯ **New Standing Letter of Authorization** ◯ **Update to Existing Standing Letter of Authorization**

Important notice for Standing Letter of Authorization (LOA):

By signing this form we understand that we are giving our financial advisor authorization to wire to the institution noted below from the above referenced account without additional written authority on my/our part. This authorization and indemnity will remain in full force and effect for one calendar year unless revoked by us by written notice addressed and delivered to LPL. Such revocation shall not affect any liability in any way resulting from transactions initiated prior to such revocation. This form expires one year from the signed date. A new form must be executed and resubmitted to LPL on an annual basis. We hereby finally and irrevocably release and discharge you of any claims by us or your legal representatives with reference to the foregoing, including the proceeds of the sale or other disposition thereof.

Wire Payee Information

3.

Name of Bank or Financial Institution	ABA Routing Number (verify with bank before submitting)
City and State	**Title of Bank Account**
Bank Phone Number	**Account Number to be Credited**

For Further Credit to:

Account Name	Account Number

4. **Authorization form must be signed by all account holders, authorized corporate officers or the outside custodian.**

I/We hereby authorize LPL Financial LLC (LPL) to wire funds from my/our account as indicated above and to process debit entries and adjustments as needed.

Client Signature ______ Client Name (print) ______ Date ______

Client Signature ______ Client Name (print) ______ Date ______

Validation of Client Signature

My customer(s) is/are well known to me, and I validate that the signature(s) on the attached document is/are genuine. I agree for myself and my successors, assigns, heirs, executors, and administrators to at all times indemnify and hold harmless LPL Financial LLC (LPL) and all LPL staff and third-party providers, acting as Authorized Agents of LPL, from and against any and all claims, losses, liabilities, taxes, damages, actions, charges, and expenses, including attorney fees, resulting from your compliance with this request. LPL reserves the right to verify the authenticity of any signature.

Financial Advisor Signature ______ Financial Advisor Name (print) ______ Date ______