

Move Money

Non-Retirement

ACH To / From Checking or Savings Account

ACH

Account Number

Rep ID

Instructions: Use this form to have LPL Financial ("LPL") credit and/or debit your bank checking or savings account through the Automated Clearing House (ACH) system. LPL will not honor 3rd party requests. By setting up ACH on Demand, you will have the option of choosing from existing banking instructions on file. To make changes to your bank account information or the LPL Financial account number, you will need to submit a new form.

Please note: This form is not eligible for fax, email, iDoc, or postal mail submission.

1. Account Holder Information

Account Registration

Social Security Number

2. ACH Instruction

Including a copy of a pre-printed voided check, bank statement or savings deposit slip (for savings account only) is recommended but not required for accounts serviced by a financial advisor.

ACH to/from Checking Account

ACH to/from Savings Account

Bank Name

Bank Account Name

ACH ABA Routing Number

Bank Account Number

3. Frequency of Request

On Demand Instructions

This feature allows your financial advisor to request an ACH to/from this account to/from a Checking/Savings account on your behalf, based on the instructions defined above.

Decline ACH Credit On Demand (\$ out of LPL account)

Decline ACH Debit On Demand (\$ into LPL account)

One Time Distribution

Amount: \$

Note: Ensure cash and/or equivalent available in the account prior to submitting this request. For Optimum Market Portfolios necessary cash will be made available after submitting the request. Additional processing time required for advisory accounts.

Total and Close Account

All Cash in the Account

Periodic Request - New Set of Instructions

Note: Amount must be at least \$250 for Optimum Market Portfolio (OMP), Model Wealth Portfolio (MWP), Personal Wealth Portfolio (PWP), and Manager Select Accounts.

Credit (From LPL account)

Debit (To LPL account)

Periodic Amount \$ or for income distributions only, check all that apply below:

Note: Income distributions are not available for OMP, MWP, PWP, MS/MSMD and MAS/MAN/MASMD/MANMD accounts.

Dividends

Interest*

Capital Gains

Partnership Distributions

Redemptions

Principal Payments

*ICA interest is not available for income distributions



3. Frequency of Request

Periodic Frequency

If no frequency is selected, monthly distributions will be set up. If no start date is indicated, the first day of the next month will be selected.

- Radio buttons for frequency options: Daily*, Weekly*, Biweekly* (Every other week), Bimonthly* (Every other month), Semimonthly* (Twice each month), Monthly* (Last Day of the Month), Monthly, Quarterly, Semiannually (Twice each year), Annually.

First Payment Date:

Input field for First Payment Date

Last Payment Date (optional):

Input field for Last Payment Date (optional)

This date must fall on a business day

*Not available for OMP, MWP, or PWP accounts

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

I/We hereby authorize LPL Financial (LPL) to initiate debit or credit entries and to initiate, if necessary, adjustments to the bank account indicated above. This authority is to remain in full force and effect until LPL has received notification from me (or either of us) of it's termination in such time and in such manner as to afford LPL and the bank a reasonable opportunity to act upon it. All owners of the LPL account must sign this form.

If this is a Custodial account, I/we acknowledge and agree that any funds or securities transferred out of the account and into the account of the custodian shall be used or applied solely for the benefit of the minor.

If the minor has reached the age of majority per state guidelines then he/she is required to sign the request. A copy of the birth certificate will be required.

By selecting On Demand and signing this form I/we understand that I/we am/are giving our LPL Financial Advisor authorization to remit monies as indicated from the above referenced account without additional written authority on my/our part. Such revocation shall not affect any liability in any way resulting from transactions initiated prior to such revocation. I/We hereby finally and irrevocably release and discharge you of any claims by me/us or your legal representatives with reference to the foregoing, including the proceeds of the sale or other disposition thereof.

Account Holder Signature | Account Holder Name (print) | Date

Account Holder Signature | Account Holder Name (print) | Date

5. Validation of Account Holder 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, my successors, assigns, heirs, executors, and my 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 LPL's compliance with this request.

Financial Advisor / Authorized Person Signature | Financial Advisor / Authorized Person Name (print) | Date

This form must be received within 30 days of account holder signature in order to be valid and processed.

Including a copy of a pre-printed voided check, bank statement or savings deposit slip (for savings account only) is recommended but not required for accounts serviced by a financial advisor. *

*If you are not working with a financial advisor a copy of a pre-printed voided check, bank statement or savings deposit slip (for savings account only) must be included with this request.

