

**Submission Options:****Upload:**

eWealthManager.com tracking center upload feature

Fax:

866-693-3730

Regular Mail:

AssetMark Trust Company
 P.O. Box 40018
 Lynchburg, VA 24506-4018

Overnight Mail:

AssetMark Trust Company
 3100 Albert Lankford Drive
 Lynchburg, VA 24501-4948

Systematic Withdrawal

Page 1 of 2

Use this form to establish, modify or cancel systematic withdrawals for non-IRA accounts.

Account Information

Account name

▪ Brian W. and Marla Jane Klotz, Joint Tena...

AssetMark Trust Account number

▪ 3122265

Systematic Withdrawal Options

\$100 minimum required.

Select one:☐ Establish☐ Modify☐ Cancel

The end date will be the last
 occurrence of the systematic
 withdrawal.

Effective date Month/Year

▪ /

End date Month/Year (optional)

▪ /

Select:☐ Dollar Amount

\$

☒ 100% of Dividends and Interest**Disbursement date** Select one☐ 1st day of each period☐ 15th day of each period☒ Other

5th

20th

Frequency Select one☐ Monthly☐ Quarterly☐ Annually

Delivery Method - Please choose only one delivery method (deposit to an existing account, check or ACH)

If a delivery method is not selected,
 a check, made payable to the legal
 owner, will be mailed to the address
 of record.

Deposit: ☐ Existing AssetMark Trust account

Account name

▪

AssetMark Trust Account number

▪

Check: ☐ Send to the Address of Record

OR

☐ Send to:

Name

▪

Address

▪

City

▪

State

▪

Zip

▪

☐ Make payable to a third party

Payee Name

▪

A voided check is required for ACH requests. Starter checks and deposit slips will not be accepted.

ACH transfer to: ☐ Bank of Record☐ Bank listed below

Bank name

▪

Address

▪

City

▪

State

▪

Zip

▪

Nine-digit ABA routing number

▪

For account of (name of financial institution)

▪

Account number

▪

Systematic WithdrawalPage **2** of 2**Disclosures for Systematic Withdrawals**

By signing a withdrawal request with electronic transfers, you agree to the following: I hereby authorize AssetMark Trust Company to initiate debit and/or credit entries and, if necessary, make adjustments for any debit and/or credit entries to my account at the Depository indicated. The Depository is authorized to debit and/or credit the same to my (our) account. This authorization is to remain in full force until AssetMark Trust Company has received written notification of termination from me (us), and in such a manner to afford AssetMark Trust Company and the Depository a reasonable opportunity to act. I also understand that entries to my account may not be made for 2-3 business days from disbursement date, depending on the financial institution.

Signature of Account Owner(s)

Client signature	Date
X	▪
Additional client signature (if any)	Date
X	▪
Financial Advisor signature	Date
X	▪

Sample

If you chose ACH as your delivery Method, please attach a voided check here.





Additional Attachments

1 of 1

Use this form to indicate additional documents being provided.

Account Information

Account name

Account number

Additional Documents

Indicate the item(s) you expect to provide

- ☐ IRS Forms
- ☐ Government Issued Identification
- ☐ Statement
- ☐ Letter of Instruction
- ☐ Check
- ☐ Divorce Decree
- ☐ Qualified Domestic Relations Order
- ☐ Letter of Testamentary
- ☐ Cost Basis Worksheet
- ☐ Other
- ☐ Other
- ☐ Other

Instructions for other signers

Attachments

- ☐ Attachment 1: Please Describe
- ☐ Attachment 2: Please Describe
- ☐ Attachment 3: Please Describe
- ☐ Attachment 4: Please Describe
- ☐ Attachment 5: Please Describe