

Move Money

Non-Retirement

ACH To / From Checking or Savings Account

ACH

Account Number

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Instructions: Use this form to have LPL Financial LLC and its affiliates (collectively, "LPL") credit and/or debit your bank checking or savings account through the Automated Clearing House (ACH) system and to provide standing instructions for payments to third parties on your behalf. 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 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

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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 professional.

☐ ACH to/from Checking Account☐ ACH to/from Savings Account

Bank Name

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Bank Account Name

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ACH ABA Routing Number

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Bank Account Number

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☐ Check this box to attach one of the following:

- pre-printed voided check OR
- savings deposit slip OR
- monthly bank statement including account number, registration, bank name and logo OR
- letter on bank letterhead signed by an officer of the bank

3. Frequency of Request

☐ On Demand Instructions

This feature allows your financial professional 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: \$

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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 \$25 for Optimum Market Portfolio (OMP), Model Wealth Portfolio (MWP), and Personal Wealth Portfolio.

☐ Credit (From LPL account)☐ Debit (To LPL account)Periodic Amount \$

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 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 (continued)

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.

☐ 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:

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Last Payment Date (optional):

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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 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 my/our LPL financial professional authorization to remit monies per the instructions provided for the above referenced account without any additional written authority. I/We hereby finally and irrevocably release and discharge LPL and my/our LPL financial professional 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. This authorization and indemnity will expire if not used for a period of 24 months and may be earlier revoked by me/us via written notice addressed and delivered to LPL. Such expiration or revocation shall not affect any liability in any way resulting from transactions initiated prior to such expiration or revocation. This document shall serve as my signed written instruction to LPL as well as my authorization of my RIA, if my account is so managed by one, to direct transfers from my account as stated herein. I acknowledge that only I have the ability to terminate or change these instructions.

Account Holder Signature

Account Holder Name (print)

Date _____

Account Holder Signature

Account Holder Name (print)

Date _____

5. Validation of Account Holder Signature - Representations of RIA (as applicable) and Financial Professional

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 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. LPL reserves the right to verify the authenticity of any signature.

I understand and agree that I cannot process any on demand transfer request without first verbally confirming the amount, timing and payee instructions with the customer. To the extent this account is managed by a third party RIA, as acknowledged by the signature of the authorized person on behalf of the RIA stated below, this RIA acknowledges that it has no authority or ability to change the third party, their address or any other information contained in the client instruction above; represents that it is in no way related to, affiliated with or shares the same address as the third party receiving funds as per these instructions; and agrees to be bound by the terms and conditions of this agreement.

Financial Professional / Authorized Person Signature

Financial Professional / Authorized Person Name (print)

Date _____

Registered Investment Adviser Name

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Registered Investment Adviser / Authorized Person Signature

Registered Investment Adviser / Authorized Person Name (print)

Title

Date (required)

This form must be received within 90 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 professional. *

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

Account Number

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