



WITHDRAWAL OF FUNDS FORM

General Account Information	
Account Name	Account Number
Phone Number	Email Address
Withdrawal Amount (in currency of account denomination)	
Your bank account currency	
Do you want to close your account: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please note ADSS will only wire funds to the bank accounts on record or to the original funding source. ADSS will not make third party payments. Where an account was funded via credit card, all funds will be returned to the funding credit card(s). Only profits may be returned via wire.	

Method 1 - Wire Transfer		
<i>Please note the Beneficiary must be the same as the account holder</i>		
Beneficiary Name	Beneficiary Bank Account Number	
Beneficiary Address (include city and country)		
Bank SWIFT/BIC	IBAN	
ABA Number (US)	Sort Code (UK)	BSB (Australia)
Beneficiary Bank Name		
Beneficiary Bank Address (include city and country)		
<i>The below information is required if the currency requested is outside the local currency location</i>		
Correspondent or Intermediary Bank Name		
Correspondent or Intermediary Bank SWIFT/BIC		

Method 2 - Credit Card		
Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover <input type="checkbox"/> Other _____		
Last four (4) digits of credit card	Expiration Date:	

Customer Acknowledgement

I/We, the undersigned, hereby authorize ADS Securities LLC to execute my/our request in accordance with the instructions provided above.

Acknowledged By

_____ PRIMARY ACCOUNT HOLDER OR AUTHORISED SIGNER SIGNATURE	_____ DATE
_____ PRIMARY ACCOUNT HOLDER OR AUTHORISED SIGNER NAME	_____ TITLE (BUSINESS ACCOUNTS ONLY)
_____ SECONDARY ACCOUNT HOLDER OR AUTHORISED SIGNER SIGNATURE (IF APPLICABLE)	_____ DATE
_____ SECONDARY ACCOUNT HOLDER OR AUTHORISED SIGNER NAME	_____ TITLE (BUSINESS ACCOUNTS ONLY)