



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: Yes 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.

Wire Transfer

Beneficiary Name:

Beneficiary Address (include city and country):

Beneficiary Bank Account Number:

Bank SWIFT/BIC: IBAN:

ABA Number (US): Sort Code (UK): BSB (Australia):

Beneficiary Bank Name:

Beneficiary Bank Address (include city and country):

The below information is required if the currency requested is outside the local currency location

Correspondent or Intermediary Bank Name:

Correspondent or Intermediary Bank SWIFT/BIC:

Credit Card

Credit Card: Visa MasterCard AMEX Discover 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:

<input type="text"/>	<input type="text"/>
PRIMARY ACCOUNT HOLDER OR AUTHORIZED SIGNER NAME	TITLE (BUSINESS ACCOUNTS ONLY)
<input type="text"/>	<input type="text"/>
PRIMARY ACCOUNT HOLDER OR AUTHORIZED SIGNER SIGNATURE	DATE
<input type="text"/>	<input type="text"/>
SECONDARY ACCOUNT HOLDER OR AUTHORIZED SIGNER NAME (IF APPLICABLE)	TITLE (BUSINESS ACCOUNTS ONLY)
<input type="text"/>	<input type="text"/>
SECONDARY ACCOUNT HOLDER OR AUTHORIZED SIGNER SIGNATURE	DATE