



Account Number    -

# Cashiering Check Request for Non-Retirement Accounts

Use this form to withdraw cash from your non-retirement brokerage core account. Withdrawals are paid from the balance in your core account. You must ensure there are sufficient funds in the core account to cover this request. Requests for checks must be received by 2:30 pm EST for same day processing.

Advisor Name

G Number

Account Name

SSN/TIN

Dollar Amount \$    ,    ,    .

OR  Entire Core Cash Balance  Close Account

## Check Request

Make Payable To (Check one)  Account Registration OR  Alternate Payee (3rd Party) – **Account holder's signature required**

Check Instruction (Check one)  Send to Record Address OR  Use Alternate Address Below – **Account holder's signature required**

Alternate Payee (3rd party)

C/O  ATTN

Address

City  State  Zip Code

Reference information to be included on check stub\*

\* Fidelity prohibits any customer personal identifiers, such as account number, SSN, etc., that might compromise a customer's identity, from being included in the payee or mailing address instruction of a check. Including this information could result in unintended consequences such as having this information appear in the envelope window. This poses a privacy risk to the account holder, the Advisor and to Fidelity.

**Mailing Instructions** – Please check one. Your distribution check will be sent via regular mail unless you check the Overnight Mail box. An overnight fee may be charged by Fidelity.

Regular Mail  Overnight Mail Charge cost to: Account Number  Carrier

## Signatures – Requests to alternate payees and/or addresses and 3rd Party requests require account holder's signature.

I hereby authorize Fidelity Brokerage Services LLC ("FBS"), in accordance with the instructions provided in this form to make payments of amounts representing redemptions by me or distributions payable to me or the third party payee named above. I agree that FBS will not be liable for any loss, liability, cost or expense for acting upon such instructions.

In addition, if I am signing this form on behalf of the account holder(s), I represent that I am an authorized person of the above named Advisor and that such Advisor is acting under a grant of Full Trading Authorization by the account holder(s) as defined in the applicable Brokerage Account Client Agreement.

Account Holder's Signature  Print Name  Date

Authorized agent/Advisor Signature  Print Name  Date