

CHECK REQUEST FORM

Instructions must be dated within 30 days from the date of receipt by Apex.



30 S. Wacker Dr. Ste: 2840, Chicago, IL 60606
info@tradeagt.com

DATE	
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CHECK INFORMATION

Apex Clearing Account No.			
Amount			
Payable To			
Payee Address			Address of Record
			Regular Mail
			Overnight
			Overnight to Broker
Reason for Transfer			

CUSTOMER AUTHORIZATION

Customer Signature *Joint Account Holder Signature*

I/We agree to hold all parties action on this request, including the introducing broker and Apex Clearing Corporation, and their respective agents and employees (hereinafter, collectively, "the parties") harmless from any and all claims, demands, proceedings, suits and actions and all liabilities, losses and expenses including without limitation those asserted by me, associated with actions taken by the parties due to instruction received from me in this request.

NOTARY

Notary Seal:

Notary Signature

INTERNAL USE ONLY

Registered Principal Approval:

Print Name *Title* *Signature* *Date*

Compliance Officer Approval/Registered Principal Approval:

Print Name *Title* *Signature* *Date*