Fidelity INVESTMENTS

Account Number ___-______

Cashiering EFT/Wire Request for Non-Retirement Accounts

Use this form to transfer 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 EFT or Wires must be received at Fidelity by 3:30 pm EST for same day processing.

Advisor Name: M. Brooks Clark

G Number: G 1 1 6 4 1 2 2 9

Account Name:

SSN/TIN:

Dollar Amount $ ___,___,___.__ OR ☐ Entire Core Cash Balance ☐ Close Account

Please select either EFT or Domestic Wire. Please note that requests for EFT or Wires must be in U.S. currency.

☐ EFT

To transfer funds via EFT you must have standing EFT instructions on your account. Please allow 2-3 days after the date the distribution is processed for funds to reach your bank or credit union.

Transfer Funds (Check one) ☐ **To Bank Account** OR ☐ **From Bank Account**

Bank Name:

Account Number:

☐ Domestic Wire

A wire fee may be charged by Fidelity. Your receiving institution may also charge a fee.

Payee (Check one) ☐ Account Owner **OR** ☐ 3rd Party – **Account holder's signature required** ☐ Use Standing Bank Wire Instructions already established on file.

Initial Bank Name:

Initial Bank ABA Number:

Further Credit Name:

Further Credit Account Number:

Beneficial Name:

Beneficial Final Account Number:

Additional Details:

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 transfers of amounts representing redemptions by me or distributions payable to me or the third party payee named above. I authorize and request the Bank indicated on this form to accept such entries from FBS, and to credit or debit, as indicated, my account at the Bank in accordance with these entries. 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

Clear Form

1.816299.100 012200001