



7 Belmont Rd, Kingston 5, Jamaica, W.I.

Please complete the following form and fax it to Funds Request Department: 1-786-269-2202

Information: (please type or print)

Date: _____ Amount: _____

Payable to: _____

Debit Account No.: _____

Reason for Check:

Phone: _____ Email: _____

Print Name(s) _____

Signature(s) _____ & Date _____

Please select Delivery Options:

_____ Regular Mail \$20 (About 10-20 days) _____ Express Mail \$50 (About 1-2 days)

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The amount you may request is based upon your Available Cash or Available Cash with Open Orders as shown in your Portfolio. Current Open Orders can affect how much you are allowed to request. Upon entering a request, your Available Cash will be debited for the amount of the fund request.

Funds deposited by check or wire will be available for withdrawal 10 business days after the date of deposit. Funds request cut off time is 12:00 PM EST.

Please note: At least one party named on the account must also be named on the account receiving the check. Checks requested will be made payable to the account holder(s) and mailed to the address on file.

Check Fee: Your account will be debited \$20 for Regular mail or \$50 for Express mail.

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Approved by Broker: _____