

CHECK REQUEST FORM

Fax to 781.398.9952 (Waltham) or 619.471.9703 (San Diego). Do not mail if faxing.

NFS Account Information

Account #: _____ - _____ Amount of Check: \$ _____

Client Name(s): _____

Close account? Yes No

Payment Instructions (Check all that apply.)

- Pay from available funds Pay from margin (borrowing from margin)
 Send check per Payee Information below Send check payable to name and address of record

Payee Information

Make Payable to: _____

For the Benefit of:* _____

For Credit to Account #:* _____ Check here if this account is not yet established.

Delivery Address: _____

*Required for all checks payable to a business or an institution. This request will not be processed with missing information.

Delivery Method and Fees:

- Regular Mail (No Charge)
 UPS 2-Day Delivery (\$10)**
 UPS Overnight Mail (\$15)**
 UPS Overnight – Saturday Delivery (\$35)**

Charge Delivery Fee to: (Client will be charged if none are checked.)

- Client
 Rep's Commission
 Rep's UPS Account #: _____ - _____

**Delivery fees not applicable when a rep's UPS account is provided.

A client signature(s) is required if payable to a third party, sent to an alternate address, or if the amount is \$100,000 or more. If funds are to be released from a UTMA/UGMA account, I (we) acknowledge that the proceeds will be used for the benefit of the respective minor.

Client Signature

Date

Joint Tenant/Co-Trustee (if applicable)

Date

Representative's Signature (optional)

Representative's signature not accepted in place of required client signature(s).

Rep #

Date