

siebert.

Automated Clearing House ACH Standing Instructions Form

Return Instructions:

New Accounts:

Email: service@siebert.com
Phone: 800.872.0444
Fax: 212.486.2784

Employee Stock Plan Clients:

Email: shareplansupport@siebert.com
Phone: 800.993.2015
Fax: 402.342.2486

Please Note:

You must use a Siebert "IRA Distribution Form" for retirement account distributions, available at www.siebert.com.

You should use this form to add, change, or delete Automated Clearing House ("ACH") Standing Instructions on your brokerage account. This form is your authorization and direction to Muriel Siebert & Co., LLC. ("Siebert") to utilize these payment instructions to move money to/from your brokerage account to/from the bank account(s) you designate below, pending your written or verbal approval.

- ACH* allows you to move money to or from your brokerage account and your bank account (with an identical registration). Please complete sections 1-4.
- If you would also like to set up periodic payment instructions for regular payments to/from your bank account, please also complete the Periodic Payment Form located at www.siebert.com.
- * ACH transactions are processed via the Automated Clearing House (ACH). It may take up to 14 days to establish ACH instructions. Once ACH instructions are established, please allow 2-3 days after the request is processed for funds to reach your bank or credit union.

1. Account Information

Name/Account Title:	Siebert Account Number:			
Social Security Number/Tax ID:	Date of Birth/UAD Date:			
Street Address:	City:	State:	Zip:	Country:
Primary Phone:	Work Phone:			

2. Bank Instructions

Add Instructions	Change Instructions	Delete Instructions
Bank Account Type:	Checking	Savings (non-passbook)
Bank Name:		
Bank Account Number:	ACH Routing Number:	
Name(s) on Receiving Bank Account:		

3. Authorization (Signature(S) Required)

I (We) authorize Muriel Siebert & Co., LLC. to act upon my (our) requests to transfer cash to/from my (our) brokerage account to the designated bank above in accordance with the instructions given by me (us) without first confirming those instructions with me (us) directly.

I (We) understand and agree that Muriel Siebert & Co., LLC. will not be liable for any loss, cost, or expense so long as Siebert transmits the redemption proceeds to the bank or brokerage account identified above. Muriel Siebert & Co., LLC. reserves the right, but has no obligation, to confirm my (our) Broker/Dealer's instructions with me (us) prior to acting on such instructions. I (We) further certify and agree that the above directions and authorizations in this document will continue until Muriel Siebert & Co., LLC. receives the actual written notice of any change thereof. I (We) further agree to indemnify and hold harmless Muriel Siebert & Co., LLC. and its affiliates, National Financial Services, Bank Partners, and their respective officers, directors, employees, and agents from and against any and all losses, claims, or financial obligations that may arise from any act or omission by me (us).

All account holders (owners and authorized individuals) must sign and date.

By signing this form, I/We authorize Muriel Siebert & Co., LLC. to contact my/our financial institution to confirm the information provided.

I understand there may be a fee for processing (current fee schedule can be found at www.siebert.com)

PLEASE SUBMIT WITH A CURRENT COPY OF YOUR DRIVER'S LICENSE OR PASSPORT AND A COPY OF A VOIDED CHECK. THIS INFORMATION IS REQUIRED FOR YOUR IDENTITY VERIFICATION AND PROTECTION.

Account Owner's Signature	Date	Account Co-owner's Signature	Date
			
Please print your name here		Please print your name here	

4. Account Verification

Government-Issued Identification

Please submit a copy of your valid driver's license or passport below.

If the documentation does not fit in the space provided please submit a separate copy with this form.

Passport Or Driver's License

Voided Check

Please attach a voided check below.

Please note that the account registration of the check must be pre-printed and unaltered. (starter checks are not acceptable)

Name must be
preprinted and unaltered

ABA Routing Number
Account Number

CHECK ***** DATE

ADDRESS / CITY / STATE / ZIP CODE

FROM

AMOUNT \$

PURPOSE

0152 - 635486565 - 4526589 - 60045

MONEY BANK

Attached Voided Check

Alternative Documentation:

Should your account not have a check, please submit a letter from the receiving financial institution, on letterhead signed by an officer, verifying the account title, number, type, and ABA routing number.