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CUSTODY ACCOUNT DISTRIBUTION REQUEST

A ACCOUNT INFORMATION

Account Owner's Name:

Millennium Account No.:

Address:

City:

State:

Zip:

Social Security No.:

Date of Birth:

Daytime Phone No.:

E-mail Address:

Check here for address change; please submit Address Change Request Form (OPR-009).

B AMOUNT AND METHOD OF DISTRIBUTION

If funds are invested in securities other than a cash investment, the timing of liquidation will vary depending on where the funds are invested. MTC will request funds be sent by check unless otherwise indicated in Section B2. Once received, the check is held for 5 business days to clear before the distribution can be issued.

Please select one:

- Total distribution of my entire account and close account. (Section B1 must be completed.)
- Partial distribution of \$ _____ . (Tell us what to sell in Section B1 if insufficient cash.)
- Recurring Payment (Please complete Section C.) Please note: If funds are not available at the time of recurring distribution, your check or ACH will not be issued as scheduled.
- 1. List: (e.g. name of asset, number of shares, Investment Account # (Futures, Forex, Brokerage, etc.), indicate if the asset should be sold or re-registered.) **Please Note: Cash investment will be automatically liquidated. For all other assets, please complete Section B1.**
 - In order to avoid duplicate liquidation requests by you and Millennium Trust, please check this box if you have personally requested a liquidation of your investments online or directly through your investment representative. **If this box is not checked, then Millennium Trust will request the liquidation.**

Asset Name	No. Shares/Dollar Amt/All	Investment Acct #	Sell or Re-Register
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If additional space is needed, please attach a separate page.

- 2. Select the method that funds should be sent to Millennium Trust from assets sold. If no delivery method is selected, funds will be requested via check.
 - Check (Upon receipt of funds, a 5 business day hold is required before funds are disbursed.)
 - Wire Transfer (Additional fees may apply.)

Millennium Trust Company, LLC is not responsible if the asset has its own required delivery method.

Please continue to page two to complete this form.



C RECURRING PAYMENTS

NOTE: Only complete this section if you checked "Recurring Payment" box in Section B.

Amount of recurring payment: \$

Frequency of future payments: Monthly Quarterly Beginning the month: _____ and date of*: _____

Indicate preferred payment method:

- Check *(Skip bank information, proceed to Section D.)*
- Bank Direct ACH *(Signature Guarantee required for ACH payments - See Page 3. First payment will be issued immediately by check.)*

** If you do not select a date, the payment will be made on or about the 15th of the month, provided that the requested amount does not exceed the market value of your account(s).*

Banking Information:

Bank Name:

Bank Address:

City:

State:

Zip:

ABA Routing No:

Bank Account:

Name of Bank Account:

(To expedite the processing of this request, you must attach a voided check with this form.)

D PAYMENT DELIVERY

Checks will be sent to you via U.S. Mail unless overnight delivery is requested.

- Mail a check to the home address of record. Overnight Delivery
- Mail a check to the following address *(Signature Guarantee Required - See Page 3.)* Overnight Delivery

Payee:

Address:

City:

State:

Zip:

- Wire funds - **Please complete banking information below.** *(Signature Guarantee required - See Page 3.)*

Please ensure the accuracy of your financial institution's wire instructions. If a wire is rejected due to the incorrect wire instructions, an additional \$25.00 will be charged.

Banking Information:

Bank Name:

Bank Address:

City:

State:

Zip:

ABA Routing No.:

Bank Account No.:

Name on Bank Account:

Please continue to page three to complete this form.

E RECIPIENT'S ACKNOWLEDGEMENT AND SIGNATURE

(To avoid delays in the processing of your request, please ensure that there is sufficient cash to cover the requested distribution and any fees due.)

Please make the above requested distributions(s). I have consulted my tax advisor concerning the taxable effect of the requested distribution(s) and agree to be fully responsible for the same.

Recipient's Signature

Date:

An **original** Signature Guarantee is required if funds will be sent to an address other than the address of record or with a change to banking information, or if the proceeds will be sent to a beneficiary due to death. Forms received without the required Signature Guarantee will be returned.

[Signature Guarantee Stamp Here]

A Signature Guarantee may be obtained from an authorized officer at a brokerage firm, bank or other financial institution. Certification by a notary public is not a substitute for a Signature Guarantee.

Did you remember to:

- Complete your account information? (Section A)
- Complete a Change of Address Form (OPR-009), if necessary? (Section A)
- Indicate the amount of your distribution request? (Section B)
- Indicate your choice of Distribution Method and Payment Delivery? (Sections B & D)
- Obtain a Signature Guarantee, if applicable? (Section E)
- Sign and date this form? (Section E)