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CUSTODY ACCOUNT DISTRIBUTION REQUEST

(for Advisor Services Clients Only)

A ACCOUNT INFORMATION

Account Owner's Name:

Millennium Account No.:

Address:

City:

State:

Zip:

Daytime Phone No.:

E-mail Address:

Social Security No.:

Date of Birth:

B AMOUNT AND METHOD OF DISTRIBUTION

Please select one:

- Total distribution of my entire account and close account.
- Partial distribution of \$ _____ . (Tell us what to sell in "OTHER" if insufficient cash.)
- Recurring payment. (Please complete Section C.)
- Re-register all assets in my name and send them to me along with the total cash balance in my account.
- OTHER: (e.g. name of asset, number of shares, tell us if the asset should be sold or re-registered, etc.)

Asset Name	Futures Acct. #	No. Shares/Dollar Amt.	Sell or Re-Register
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C RECURRING PAYMENTS

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

Amount of recurring payment: \$ _____ Starting: _____ (Payments issued on the 15th of the month.)

Frequency of future payments: Monthly Quarterly

Indicate preferred payment method:

- Check (Skip bank information section below, proceed to Section D.)
- Bank Direct ACH (First payment will be issued immediately by check.)
(Please enter bank information on page 2, then proceed to Section E.)
(Signature Guarantee required for ACH payments - please see page 2.)

Please continue to page two to complete this form.



C RECURRING PAYMENTS CONTINUED

Bank Name:

Bank Address:

City:

State:

Zip:

ABA Routing No.:

Bank Account No.:

Name on Bank Account:

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

- Mail a check to the home address of record.
- Mail a check to the following address (*Signature Guarantee required - See Below*):

Address:

City:

State:

Zip:

- Send by wire (**Signature Guarantee required - See Below.**)

*(If the distribution is to be wired to your personal bank account, please provide wire instructions below.
Wire option only available for **NON-RECURRING** distributions.)*

Bank Name:

Bank Address:

City:

State:

Zip:

ABA Routing No.:

Bank Account No.:

Name on Bank Account:

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 distribution(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.

Print Name:

Account Owner's Signature

Date:

Print Co-Owner's Name:

Co-Owner's Signature

Date:

[Signature Guarantee Stamp Here]

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

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.