



GAMMA ACCOUNT HOLDER(S)

Name(s) _____ GAMMA Account # _____
_____ Social Security # _____
Address _____ Daytime Phone # _____
_____ E-mail _____

AMOUNT AND METHOD OF WITHDRAWAL (PLEASE CHECK ONE):

1. Total Distribution and Account Closure: Re-registration fee(s) apply.
Please re-register all assets as follows (*Signature Guarantee Required*):
Name _____ Social Security # _____
Address _____

2. One-time Distribution:
Amount to be withdrawn from cash account \$ _____ Commencement Date: ____/____/20____
and/or distribute in-kind the following asset(s): (Asset re-registration fee(s) may apply)
Asset name: _____ # shares/\$ amount _____
Asset name: _____ # shares/\$ amount _____
Please re-register all assets as follows (*Signature Guarantee Required*):
Name _____ Social Security # _____
Address _____

3. Recurring Distributions (Please check one in each row)
Amount: All Cash Available Percentage of Cash % _____ Fixed Dollar Amount \$ _____
Frequency: Monthly Bi-Monthly Quarterly Semi-annually Annually
Distribution Date: 1st of month 15th of month 26th of month
Begin: As Soon As Possible OR Starting on ____/____/20____

PAYMENT DELIVERY INSTRUCTIONS (PLEASE CHECK ONE):

- 1. Direct payment by check.** (No charge)
- 2. Direct payment via ACH fund transfer.** (No charge) A voided check must be attached showing your bank account number and routing number.
- 3. Direct payment via Bank Wire.** A \$25.00 wire fee applies. Attach wiring instructions for your banking institution.
- 4. Alternate payment instructions.** (Attach instructions only if different than name or address on account. Signature Guarantee Required.)

MEDALLION SIGNATURE GUARANTEE

(A Medallion Stamp is required if funds are sent to an address other than the address of record, OR if the proceeds are to be sent to a beneficiary due to death, OR if asset(s) are being re-registered and distributed from the account.)

RECIPIENT'S ACKNOWLEDGMENT AND SIGNATURE(S)

I(We) certify that I(we) am(are) the proper party to receive payment(s) from this account and that all information provided by me(us) is true and accurate. I(We) expressly assume the responsibility for any adverse consequences which may arise from this withdrawal and I agree that the Custodian shall in no way be held responsible.

X _____
Account Holder Signature (account holder, custodian or trustee) Date _____
X _____
Secondary Account Holder Signature (joint account holder, if any) Date _____