

# PERSHING CLIENT WIRE REQUEST



## NON QUALIFIED ACCOUNTS ONLY

Account Registration Name \_\_\_\_\_  
*Examples: Jane Smith Trust, Jane Smith IRA, Jane and John Smith TOD-JTWROS*

Account Number \_\_\_\_\_ Wire Amount \_\_\_\_\_

### 1. BANK INFORMATION

Name of Bank \_\_\_\_\_

City and State of Bank \_\_\_\_\_

ABA or Routing # \_\_\_\_\_ Bank Account # \_\_\_\_\_

For Credit to the Account of (Bank Account Title) \_\_\_\_\_

Beneficiary Name \_\_\_\_\_ Beneficiary Account # \_\_\_\_\_

### 2. INTERNATIONAL WIRES

All international wires in U.S. dollars must have a U.S. intermediary bank listed above.

Name of International Bank \_\_\_\_\_

Providence, Country of Bank \_\_\_\_\_

SWIFT Code \_\_\_\_\_ Intermediate Bank Account # (if applicable) \_\_\_\_\_

### 3. REASON FOR REQUEST

Reason for Request (required for all requests of \$100,000 or more AND all third party requests) \_\_\_\_\_

\_\_\_\_\_

For third party requests, please explain the relationship to the account holder \_\_\_\_\_

### SIGNATURES

|                                    |            |                   |
|------------------------------------|------------|-------------------|
| _____                              | _____      | _____/_____/_____ |
| Primary Account Holder Signature   | Print Name | Date              |
| _____                              | _____      | _____/_____/_____ |
| Secondary Account Holder Signature | Print Name | Date              |

### INTERNAL USE ONLY

Registered Representative / Principal Signature

|                          |            |                   |
|--------------------------|------------|-------------------|
| _____                    | _____      | _____/_____/_____ |
| Representative Signature | Print Name | Date              |
| _____                    | _____      | _____/_____/_____ |
| Principal Signature      | Print Name | Date              |

PLEASE SUBMIT THIS COMPLETED FORM TO CASHIERING@KOVACKSECURITIES.COM OR BY FAX TO (954) 332-9233.



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