

**Instructions:** This form must be completed to have a check made payable to or sent to a person or an address that differs from the address of record on the account. Fax the completed form to the Money Desk, (858) 546-1212.

**This form cannot be used for LPL retirement accounts. Third party checks made payable to an individual or an institution for the benefit of an individual other than the account owner must not exceed \$12,000.**

<b>1.</b>	<b>LPL Account Number</b> <input style="width:95%;" type="text"/>	<b>Rep ID</b> <input style="width:95%;" type="text"/>
<b>Account Registration</b> <input style="width:95%;" type="text"/>		

<b>2.</b>	<b>Amount of Distribution*</b> <input style="width:95%;" type="text"/>	<b>Frequency</b> <input type="radio"/> All Cash Available <input type="radio"/> One-Time <input type="radio"/> Standing Instructions
*Third party checks made payable to an individual or an institution for the benefit of an individual other than the account owner must not exceed \$12,000.		

<b>3.</b>	<b>Delivery:</b> <input type="radio"/> Regular Mail <input type="radio"/> FedEx <input type="radio"/> FedEx Saturday Delivery (if available) <input type="radio"/> Express Mail (PO Boxes)	
<b>Please charge the overnight fee to:</b> <input type="radio"/> LPL Financial Advisor <input type="radio"/> Client		<b>Signature Required:</b> <input type="radio"/> Yes <input type="radio"/> No

<b>4.</b>	<b>Make check payable to:</b>	
<b>Name of Institution or Individual(s)</b> <input style="width:95%;" type="text"/>		<b>Account Number</b> <input style="width:95%;" type="text"/>
<b>For Benefit of (Name of Person)</b> <input style="width:95%;" type="text"/>		<b>Beneficiary/Payee Relationship to LPL Account Owner</b> <input style="width:95%;" type="text"/>
<b>Send check to:</b>		
<input type="radio"/> Address of Record <b>OR</b> <input type="radio"/> Alternate Address:		
<input style="width:95%;" type="text"/>		
<input style="width:95%;" type="text"/>		
<b>Please note: Checks made payable to an individual cannot be delivered to a financial advisor's office.</b>		

<b>5.</b>	<b>Important notice for Standing Letter of Authorization (LOA)</b> By signing this form we understand that we are giving our LPL Financial Advisor authorization to remit monies as indicated from the above referenced account without additional written authority on my/our part. This authorization and indemnity will remain in full force and effect for one calendar year unless revoked by us by written notice addressed and delivered to LPL. Such revocation shall not affect any liability in any way resulting from transactions initiated prior to such revocation. This form expires one year from the signed date. A new form must be executed and resubmitted to LPL on an annual basis. We hereby finally and irrevocably release and discharge you of any claims by us or your legal representatives with reference to the foregoing, including the proceeds of the sale or other disposition thereof.
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<b>6.</b>	We hereby authorize LPL to remit monies as indicated above. Note: For third party custodian retirement accounts, the custodian must also approve and signature guarantee this request.	
_____ Client Signature		_____ Client Name (print)
_____ Client Signature		_____ Date
<b>Validation of Client Signature</b>		
My customer(s) is/are well known to me, and I validate that the signature(s) on the attached document is/are genuine. I agree for myself and my successors, assigns, heirs, executors, and administrators to at all times indemnify and hold harmless LPL Financial Corporation (LPL) and all LPL staff and third-party providers, acting as Authorized Agents of LPL, from and against any and all claims, losses, liabilities, taxes, damages, actions, charges, and expenses, including attorney fees, resulting from your compliance with this request. LPL reserves the right to verify the authenticity of any signature.		
_____ LPL Financial Advisor Signature		_____ LPL Financial Advisor Name (print)
		_____ Date