

Capital Market Services LLC
 350 Fifth Ave., Suite 6411, New York, NY 10118
 Tel: 1-212-563-2100; Fax: 1-212-563-4994

WITHDRAWAL REQUEST FORM

(Beneficiary can only be the trading account owner – Получателем может быть только владелец счета)

Customer Information		
Customer Full Name **: _____		
Street Address: _____		
City: _____		
State/Province: _____		
ZIP/Postal Code: _____		
Country: _____		
Telephone Number: _____		
Customer Mailing Address: _____		
Withdrawal Information		
Trading Account ID Number: _____		
Withdrawal Amount: _____		
Beneficiary Name **: _____		
Close Account?	<input type="checkbox"/> No, do not close my account	<input type="checkbox"/> Yes, please close my account
Your Bank Information*		
Beneficiary Account Number: _____		
Beneficiary Name **: _____		
ABA Number or Swift Code: _____		
Bank Name: _____		
Bank Address: _____		
Intermediary Correspondence Bank Information:		
Intermediary Account Number: _____		
ABA Number or Swift Code: _____		
Bank Name: _____		
Bank Address: _____		

* If you do not know Your Bank information – please contact your bank to obtain it.

** Capital Market Services, LLC trading account owner (or one of the joint account owners) only. Capital Market Services, LLC may not make or receive payments via a third party.

Funds Transfer Information

(Fill out ONLY if transferring funds between two trading accounts) *** Origin Trading Account Number: Destination Trading Account Number: Transfer Amount:

*** REMINDER - we may transfer money from one account to another if both of them belong to the same trader ONLY, and ONLY AFTER RECEIVING A SIGNED WITHDRAWAL REQUEST from the trader (or joint account holder) during our office hours from 9AM EST to 7PM EST Monday through Friday. Funds may be withdrawn by the signatory(s) of the trading agreement alone. **No third party transactions are allowed.** No funds transfers from one account to another made via telephone requests are accepted! Transferring funds between trading accounts of the same account holder is free!

Customer Signature: X _____ Date _____

Please check the applicable line below:

Method of Withdrawal:

____ Check (mailed to clients in the USA and Canada only, \$15 fee will apply. For all other countries the only method of withdrawal is bank wire transfer)

____ Wire Transfer (\$35 bank fee will apply)

____ PayPal (\$15 transaction fee will apply).

E-mail address: customerservice@cms-forex.com