Address: 5901 Peachtree Dunwoody Road
Suite C495
Atlanta, GA 30328
Phone: 800-241-5568
Email: clientadvocate@argentfinancial.com
Fax: 678-274-1805

CUSTODIAL ACCOUNT DISTRIBUTION FORM

Account Name / Registration

AITC Account Number

Street Address

Phone Number

City State Zip

Last Four Digits of SSN / TIN

Please accept this form as your authorization to commence distribution as indicated below. **I AM AWARE THAT MY ACCOUNT MAY INCUR CHARGES AS A RESULT OF THIS REQUEST.**

Distribution Type – Select Only One Option Below

1. Total Distribution -- Close Account
   - ☐ In Cash (Liquidate all investments, if possible – Investment Direction Form Required)
   - ☐ In Kind (Re-Register all assets into my name)

2. Partial Distribution (Select Only One Option Below)
   - ☐ Distribution in cash. Specify dollar amount $_____
     Frequency: ☐ One Time Distribution ☐ Monthly ☐ Quarterly ☐ Semiannually ☐ Annually

     (Specify Date to Begin) _____
   - ☐ Distribution in kind. (Specify Asset)_____

Method of Distribution – Select Only One Option Below

☐ Check to Address of Record ☐ Wire to Account Holder ☐ ACH to Account Holder

Type of Account: ☐ Checking Account ☐ Savings Account

Bank Name (Required): _____

Bank Street Address (Required) **:** _____
(Cannot be a PO Box)

Bank City, State and Zip Code (Required)**:** _____

Bank Routing Transit Number (Required): _____

Bank Account Name/Recipient (Required): _____

Bank Account Number (Required): _____

Authorized Signature(s)

Signature of Primary Account Holder Date

Signature of Joint Account Holder, if applicable Date