

Move Money

Non-Retirement ACH

ACHN

Account Number

Instructions: Use this form to set up instruction with an LPL non-retirement account and to provide standing instructions for payments to third parties on your behalf. To establish 3rd party ACH, this form must be E-Signed. If the LPL account registration and the bank account registration do not match, LPL may require a One and the Same Letter (OSL) or additional supporting documentation. With the exception of CTD clients, this form is not eligible for fax, email, iDoc or postal submission.

1. Account Holder Information

Account Holder Name

2. Instructions

- ☐ Set up ACH instructions between an LPL account and a Bank Checking/Savings account. ☐ Checking ☐ Savings
- ☐ ACH to LPL ☐ ACH from LPL ☐ Both

Note: To establish 3rd party ACH, this form must be E-Signed.

- ☐ Save bank instructions for future use. This feature allows your financial professional to request distributions or contributions on your behalf based on the bank details defined below.

3. Bank Details

Important:

1. To establish 3rd party ACH, this form must be E-Signed.
2. If the client's name does not match on the LPL account registration and the bank account, LPL may require a One and the Same Letter(OSL) or additional supporting documentation to verify the name discrepancy.
3. All ACH withdrawals for outside investments must be accompanied by a signed form CM203A 'Non-Solicitation/Non-Compensation Acknowledgment for Non-LPL Transactions' or they will not be processed.
4. LPL will not honor requests to ACH funds to a foreign country.

Bank Name

Name(s) on Bank Account

ABA Routing Number

Bank Account Number

4. Payment Frequency

☐ One Time Distribution Request

- ☐ Specific Amount \$ Note: Ensure cash and/or equivalent available in the account prior to submitting this request. For Managed Accounts necessary cash will be made available after submitting the request.
- ☐ Total and Close Account (Account will be closed and applicable fees assessed.)
- ☐ All Cash in the Account

☐ One Time Contribution Request (using ACH instructions provided above)

Amount \$



Member FINRA/SIPC



4. Payment Frequency (continued)**Periodic Instructions**

Fixed Periodic Amount \$ Note: Amount must be at least \$25 for Optimum Market Portfolio (OMP) and Guided Wealth Portfolio (GWP) and at least \$200 for Model Wealth Portfolio (MWP), Personal Wealth Portfolio (PWP), and Manager Select Accounts.

Delivery Method: ☐ ACH from bank account (\$ into LPL account)
☐ ACH to bank account (\$ out of LPL account)

For income distributions only, check all that apply below:

Note: Income distributions are not available for OMP, MWP, PWP, GWP or Manager Select accounts.

☐ Capital Gains ☐ Dividends ☐ Interest* ☐ Money Market Balance ☐ Partnership Distributions ☐ Principal Payments
☐ Redemptions ☐ Return of Principal

*ICA interest is not available for income distributions

Periodic Frequency

If no frequency is selected, monthly distributions will be set up. If no start date is indicated, the first day of the next month will be selected.

☐ Daily* ☐ Weekly* ☐ Biweekly* ☐ Bimonthly*
☐ Semimonthly* ☐ Monthly* ☐ Monthly ☐ Quarterly
 (Twice each month) (Last Day of the Month)
☐ Semiannually ☐ Annually
 (Twice each year)

*Not available for OMP, MWP, PWP, GWP, or Manager Select accounts

First Distribution Date:

Second Distribution Date:

(Semimonthly option only)

Last Distribution Date (optional):

5. Account Holder Authorization and Certification Must be Signed by All Account Holders, Authorized Corporate Officers or the Outside Custodian

I/We hereby authorize LPL Financial LLC and its affiliates (collectively, "LPL") to remit monies as indicated above, initiate debit or credit entries, and to initiate, if necessary and applicable, adjustments to the bank account indicated above. If this is a request to ACH funds to a third party, I/we acknowledge that I/we am/are requesting that LPL execute this transfer to another party on my/our behalf. I/We understand I/we will lose ownership of these funds and acknowledge that I/we assume any and all risks associated with my/our requested transfer and loss of ownership of these funds. This authority is to remain in full force and effect until LPL has received notification from me (or either of us) of its termination in such time and in such manner as to afford LPL and the bank a reasonable opportunity to act upon it. All owners of the LPL account must sign this form. I understand that 3rd party ACH requests require the form to be E-Signed. A copy of a pre-printed voided check, bank statement or savings deposit slip (for savings account only) is recommended but not required for accounts serviced by a financial professional. I/We hereby agree to indemnify and hold harmless LPL and its financial professionals, employees and affiliates from and against any and all claims or liabilities resulting from this request. Collateral account distributions require the bank or lender's authorization.

If this is a Custodial account, I/we acknowledge and agree that any funds or securities transferred out of the account and into the account of the custodian shall be used or applied solely for the benefit of the minor. If the minor has reached the age of majority per state guidelines then he/she is required to sign the request. A copy of the birth certificate will be required. By selecting On Demand and signing this form I/we understand that I/we am/are giving our LPL financial professional authorization to remit monies per the instructions provided for the above referenced account without additional written authority. I/ We hereby finally and irrevocably release and discharge LPL and my/our LPL financial professional of any claims by me/us or your legal representatives with reference to the foregoing, including the proceeds of the sale or other disposition thereof. This authorization and indemnity will expire if not used for a period of 24 months and may be earlier revoked by me/ us via written notice addressed and delivered to LPL. Such expiration or revocation shall not affect any liability in any way resulting from transactions initiated prior to such expiration or revocation. This document shall serve as my/our signed written instruction to LPL as well as my/our authorization of my/our RIA, if my/our account is so managed by one, to direct transfers from my/our account as stated herein. I/we acknowledge that only I/we have the ability to terminate or change these instructions.

Account Holder Signature

Account Holder Name (print)

Date

Account Holder Signature

Account Holder Name (print)

Date

Account Holder Signature

Account Holder Name (print)

Date

Authorized Bank Account Holder Signature

Authorized Bank Account Holder Name (print)

Date

Authorized Bank Account Holder Signature

Authorized Bank Account Holder Name (print)

Date

Account Number



6. Validation of Account Holder Signature - Representations of RIA (as applicable) and Financial Professional

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 LLC and its affiliates (collectively, "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 LPL's compliance with this request. LPL reserves the right to verify the authenticity of any signature.

I understand and agree that I cannot process any on demand transfer request without first verbally confirming the amount, timing and payee instructions with the customer. To the extent this account is managed by a third party RIA, as acknowledged by the signature of the authorized person on behalf of the RIA stated below, this RIA acknowledges that it has no authority or ability to change the third party, their address or any other information contained in the client instructions above; represents that it is in no way related to, affiliated with or shares the same address as the third party receiving funds as per these instructions; and agrees to be bound by the terms and conditions of this agreement.

Financial Professional / Authorized Person Signature

Financial Professional / Authorized Person Name (print full name)

Date

Registered Investment Advisor Name

Registered Investment Advisor / Authorized Person Signature

Registered Investment Advisor / Authorized Person Name (print) Title

Date (required)

7. Validation of Account Holder Signature - Representations of Notary (clients without a financial professional)

(ii) Notary Validation

STATE OF _____

COUNTY OF _____

On _____ [date] before me personally appeared _____ [name of account holder],

and _____ [name of additional account holder (if applicable)] personally known to me (or who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal:

Notary Signature

Name (print)

Expiration Date

*****Form must be received within 90 days of account holder signature to be valid and processed accordingly.*****

Account Number

