

# ACH AGREEMENT

Select One:  New Profile  Amendment to Current Profile  Deletion of Current Profile

_____ Branch                      Account Number                      T                      C	CORRESPONDENT AUTHORIZED REP SIGNATURE
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I / We hereby authorize Pension Financial Services, Inc. ("Penson") to initiate entries to transfer funds to my / our  
 **Checking Account**  **Savings Account** (select one) indicated below at the depository financial institution named  
 below ("NAME OF BANK"). I / We agree that ACH transactions authorized herein shall comply with all applicable U.S. law.

ACCOUNT TITLE (Please Type or Print)	NAME OF BANK
9 DIGIT ABA NUMBER	BANK ACCOUNT NUMBER

**Electronic Transfer Options** (Please check all that apply to establish your ACH profile)

<input type="checkbox"/> Remit Income Distributions ( <i>Dividends and Interest</i> ) to my bank account <input type="checkbox"/> Daily (\$250 minimum) <input type="checkbox"/> Weekly (\$100 minimum) <input type="checkbox"/> Monthly (no minimum)	<input type="checkbox"/> Transfer funds from my bank account to pay for securities purchases
<input type="checkbox"/> Transfer funds to my bank account when securities are sold	<input type="checkbox"/> I will authorize a debit or credit to my account "On Demand" (no minimum)
<input type="checkbox"/> Transfer funds to my bank account on a regular basis according to the following schedule	<input type="checkbox"/> Debit my bank account on a regular basis according to the following schedule
AMOUNT                      FREQUENCY OF TRANSFER \$ <input type="checkbox"/> <b>Semi-annually</b> <input type="checkbox"/> <b>Quarterly</b> <input type="checkbox"/> <b>Annual</b> <input type="checkbox"/> <b>Monthly</b> Day of Month _____	AMOUNT                      FREQUENCY OF TRANSFER \$ <input type="checkbox"/> <b>Semi-annually</b> <input type="checkbox"/> <b>Quarterly</b> <input type="checkbox"/> <b>Annual</b> <input type="checkbox"/> <b>Monthly</b> Day of Month _____

This authorization shall remain in full force and effect until Pension Financial Services, Inc., has received notification from me (or either of us) of its termination. I / We understand that as the receiver(s) of these transferred funds, I / we may revoke this authorization by written notification to my / our broker who is obligated to notify Pension Financial Services, Inc. Furthermore, this written notification must be received at least three (3) business days prior to the proposed effective date of the termination of the authorization.

**Please note that an IRA Distribution Form is required for all ACH distributions from retirement accounts.**

PRIMARY ACCOUNT OWNER NAME (please print)	JOINT ACCOUNT OWNER NAME (please print)
ADDRESS	ADDRESS
CITY/ STATE/ ZIP CODE	CITY/ STATE/ ZIP CODE
CUSTOMER SIGNATURE ▷	JOINT ACCOUNT SIGNATURE ▷
DATE	DATE

**If you are linking your brokerage account to a checking account at your bank, please attach a voided check to this area.**

**If you are linking your brokerage account to a savings account at your bank, please provide a recent bank statement OR an official letter from your bank.**

