

Instructions: This form must be completed if you would like to have periodic distributions from your account made payable to and/or sent somewhere other than your address of record. **A distribution made to a third party or to an institution for the benefit of an individual other than the account owner may not exceed \$12,000. This form cannot be used for LPL retirement accounts.** Fax the completed form to the Money Desk, (858) 546-1212.

1. **LPL Account Number** **Rep ID**

Account Registration

2. **These instructions are:** New Instructions Update to Existing Instructions

Frequency of Distributions (select one):

Weekly Semi-Monthly Monthly Quarterly Semi-Annually Annually

First Distribution Date **Last Distribution Date** (if applicable)

MM / DD / YYYY MM / DD / YYYY

Amount* \$ **OR select from the following for income distributions only**** (check all that apply):

Dividends Interest Capital Gains Partnership Distributions Redemptions Principal Payments

***A distribution made to a third party or to an institution for the benefit of an individual other than the account owner may not exceed \$12,000.**

****ICA interest is not available for income distributions.**

3. **Distribute as follows** (select one):

Address of record (regular mail only)

OR **Receiving LPL Account Number**

Journal to another LPL account

OR

Third Party Distribution (Do not use this form to establish an ACH Distribution)

Name of Institution or Individual(s) **Account Number** (if applicable)

For Benefit of (Name of Person) **Payee relationship to LPL account owner**

Address

Please note: Checks made payable to an individual cannot be delivered to a financial advisor's office.

4. **I/We authorize LPL Financial Corporation (LPL) to initiate credit or debit entries and adjustments as necessary to such account indicated above.**

Client Signature Client Name (print) Date

Client Signature Client Name (print) Date

For third party custodian retirement accounts, the custodian must also approve and signature guarantee this request.

Validation of Client Signature

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, my successors, assigns, heirs, executors, and my 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 LPL's compliance with this request.

LPL Financial Advisor Signature LPL Financial Advisor Name (print) Date