



30 S. Wacker Dr. Ste: 2840, Chicago, IL 60606
info@tradeagt.com

DOMESTIC WIRE REQUEST FORM

DATE		WIRE AMOUNT		APEX ACCOUNT NO.	
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BENEFICIARY/RECIPIENT/FOR FURTHER CREDIT TO INFORMATION *(Ultimate recipient of the wire transfer funds)*

Beneficiary/Recipient/For Further Credit to Name:

Beneficiary Account No:

*Beneficiary Address, City, State, Zip, Country:
(Required)

BENEFICIARY BANK INFORMATION *(Financial Institution where the beneficiary maintains their account)*

Beneficiary Bank Routing Transfer No.

*Bank Name *(Required)*

*Beneficiary Bank Address, City, State, Zip, Country
(Required)

INTERMEDIARY BANK INFORMATION *(Financial Institution where the wire must pass through before reaching the final beneficiary bank. This section is OPTIONAL and not required for all wires)*

Correspondent Bank ABA:

*Bank Name *(Required)*

*Beneficiary Bank Address, City, State, Zip, Country
(Required)

CUSTOMER AUTHORIZATION

Reason for Transfer:

Customer Signature

Joint Account Holder Signature

I agree to hold all parties acting on this request, including the introducing broker and Apex Clearing Corporation, and their respective agents and employees (hereinafter, collectively, "the parties") harmless from any and all claims, demands, proceedings, suits and actions and all liabilities, losses and expenses including without limitation those asserted by me, associated with actions taken by the parties due to instructions received from me in this request.

NOTARY

Notary Seal:

Notary Signature

FOR INTERNAL USE ONLY

Registered Principal Approval:

Print Name

Title

Signature

Date

Compliance Officer Approval/Registered Principal Approval

Print Name

Title

Signature

Date