

## Periodic Payment Form (Non-Retirement)

Email: service@siebert.com | Phone: 800.872.0444 | Fax: 212.486.2784

You must use a Siebert "IRA Distribution Form" for retirement account distributions, available at www.siebert.com.

You should use this form to add, change, or delete periodic payments to or from your brokerage account. If you have not yet set up standing instructions on your account, please also complete the ACH or Internal Transfer Standing Instructions form located at www.siebert.com

- Check Request allows you to periodically receive a check mailed from your brokerage account to your mailing address.
- ACH\* allows you to move money between your brokerage account and your bank account (with an identical registration).
- Internal Transfer allows you to transfer cash or securities between your brokerage account and another brokerage account maintained at Siebert.
- \* ACH transactions are processed via the Automated Clearing House (ACH). It may take up to 14 days to establish ACH instructions. Once ACH instructions are established, please allow 2-3 days after the request is processed for funds to reach your bank or credit union.

1. Account Information			
Name/Account Title:		Siebert Account Number:	
2. Payment Type Information (Please Send A Separate Form For Each Periodic Payment Setup)			
$\Box$ Check Request allows you to periodically receive a check mailed from your brokerage account to your mailing address.			
ACH* allows you to move money between your brokerage account and your bank account (with an identical registration).			
(Bank Name)	(Bank Name) (Account Number)		
☐ Internal Transfer Request: Please SEND/ RECEIVE the below payment to/from the standing instructions on file at (Siebert Account Number).			
2. Payment Type Information			
I authorize Muriel Siebert & Co., Inc. to send/receive the following payments automatically to the standing instructions. I understand that in the event there are not sufficient funds to cover the transfer or journal, Muriel Siebert & Co., Inc. may send partial amounts or cancel:			
□ Dividend Payments (sent on the last busine □ Periodic Payment: Please send/journal OUT □ Week (sent/transferred every Friday) □ Month on	OF my Siebert account of Month) (sent/transferred the las	st business day of the month) \$ every (only availab	le for ACH/Internal Transfer):
3. Authorization (Signature(S) Required)			
I (We) authorize Muriel Siebert & Co., Inc. to act bank or other brokerage account above in acco (us) directly. I (We) understand and agree that M & Co., Inc. transmits the redemption proceeds to but has no obligation, to confirm my (our) Broke agree that the above directions and authorization notice of any change thereof. I (We) further agree Services, Bank Partners, and their respective off obligations that may arise from any act or omissing	rdance with the instruction luriel Siebert & Co., Inc. of the bank or brokerage er/Dealer's instructions with ons in this document will be to indemnify and hold icers, directors, employe-	ons given by me (us) without first confirming will not be liable for any loss, cost, or expen account identified above. Muriel Siebert & ith me (us) prior to acting on such instruction continue until Muriel Siebert & Co., Inc. recharmless Muriel Siebert & Co., Inc. and its es, and agents from and against any and all	g those instructions with me ase so long as Muriel Siebert Co., Inc. reserves the right, ns. I (We) further certify and reives the actual written affiliates, National Financial losses, claims, or financial
Account Owner's Signature	Date	Account Co-owner's Signature	Date
N S S S S S S S S S S S S S S S S S S S		SIGN	
Please print your name here		Please print your name here	