



WIRE REQUEST FORM

Account # 942049925

Advisor Code AVF2

Case # _____

IMPORTANT: Third party and international wire requests may require phone verification. International wire requests may also require disclosure of fees. If we cannot reach you by phone, your International wire request will be canceled. If an IRA distribution is needed, please submit an IRA Distribution Request Form.

1 ACCOUNT INFORMATION

Account Title/Registration:
Western US Agricultural Trade Association

2 PAYMENT DETAILS

Amount: _____ (if sufficient funds are not available for payout in full, non-payment may result)
 Current Available Cash Balance (TD Ameritrade will disburse only funds that are available at the time of processing)

Additional Options (Select all that apply, if any)

Maintain on file for my future use

By selecting this option, I am instructing TD Ameritrade to maintain the instructions provided in section 4 on file for my future use. Only I, the account owner(s), may request future disbursements using the instructions provided in section 4 unless I have also granted my agent authorization via separate written instructions to TD Ameritrade.

3 DELIVERY DETAILS

DOMESTIC WIRE INFORMATION

Receiving Bank Name: _____

Bank City: _____ Bank State: _____ Bank Telephone #: _____

ABA/Routing #: _____ Receiving Bank Account #: _____

Name on Receiving Bank Account (List name as it appears at Bank and if name contains initials, please provide full name): _____

Please provide the following information if this request is for an escrow/mortgage or brokerage account:

For Further Credit to Name (If name contains initials, please provide full name): _____

For Further Credit to: Escrow/Mortgage File # _____ Brokerage Account # _____

OPTIONAL: Intermediary Bank (Please verify this information with the receiving bank above if applicable)

Intermediary Bank Name: _____ Intermediary Bank ABA/Routing #: _____

Intermediary Bank City: _____ Intermediary Bank State: _____ Bank Telephone #: _____

INTERNATIONAL WIRE INFORMATION (To ensure accuracy, please contact financial institution for correct routing information)

International Bank Name: _____

Bank Street Address: _____

Bank City: _____ Bank Country: _____ Bank Telephone #: _____

SWIFT/BIC Code: _____

Additional Bank Routing Information – (For example, Sort – U.K., IBAN – Euro, Transit – Canada, CLABE – Mexico, etc.): _____

Name on Receiving Bank Account (List name as it appears at bank and if name contains initials, please provide full name): _____

Receiving Bank Account #: _____

Recipient Address: _____ City: _____ Country: _____



For Further Credit Name (if applicable):

For Further Credit Account # (if applicable):

Purpose of Wire **(REQUIRED)** Providing a non-specific purpose may cause delays in processing the wire request:

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ACCOUNT OWNER(S) SIGNATURE(S)

I/We certify that the foregoing is correct, and that TD Ameritrade may rely on the foregoing and this certification with no further inquiry.

All Account Owners/Owners must sign.

Some exceptions may apply. Please contact your financial advisor for details.

Account Owner Printed Name: Brooke Markley

Account Owner Signature: _____ Date: _____

Account Co-Owner Printed Name: _____

Account Co-Owner Signature (if applicable): _____ Date: _____

Mailing Address:
TD Ameritrade Institutional
PO BOX 650567
Dallas, TX 75265-0567

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Investment Products: Not FDIC Insured * No Bank Guarantee * May Lose Value

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