



Withdrawal Form

PLEASE COMPLETE THIS FORM AND SEND BY EMAIL TO BACKOFFICE@ALPARI-US.COM OR FAX TO +1 646.825.5762.

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Please note: All information provided on this form MUST match your account information. Pursuant to U.S. federal regulations, Alpari (US), LLC can only wire funds to the bank account of record and/or to the original funding source. Under no circumstances will Alpari (US), LLC make or receive payments via a third party.

Withdrawal Method:	<input type="checkbox"/> Check (US and Canada Only)	<input type="checkbox"/> Wire Transfer (\$20 fee)
Close Account:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Account Name: _____
 Account Number: _____
 Phone #: _____
 Email: _____

(Checks only)

Address: _____
 City: _____ State/Province: _____
 Zip/Postal Code: _____ Country: _____

(Wire transfers only)

Withdrawal Amount: _____
 Bank Name: _____
 Bank Address: _____
 Bank Account Number: _____
 Bank Account Title: _____
 Swift Code: _____ ABA Number (US Accounts): _____

(For wires sent through an intermediary bank, please complete the following)

Intermediary Bank: _____
 Bank Address: _____
 Bank Account Number: _____
 Bank Account Title: _____
 SWIFT Code: _____ ABA Number (US Accounts): _____



PRIMARY ACCOUNTHOLDER'S SIGNATURE

Full Name (*print*): _____

Signature: _____

Date: _____

SECONDARY ACCOUNTHOLDER SIGNATURE (*if applicable*)

Full Name (*print*): _____

Signature: _____

Date: _____