



FUTURES

# Withdrawal Form

THIS FORM IS TO BE COMPLETED IF WITHDRAWING FUNDS FROM YOUR ALPARI US ACCOUNT  
PLEASE COMPLETE AND RETURN TO ALPARI EITHER BY  
EMAIL TO [CS@ALPARI-FUTURES.COM](mailto:CS@ALPARI-FUTURES.COM)  
OR FAX TO +1 646.349.3659

## ACCOUNT INFORMATION *(Your Alpari Futures account information)*

Account Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Suite/Apt#: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_  
Country: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Email: \_\_\_\_\_

ALL INFORMATION PROVIDED ON THIS FORM MUST MATCH THE INFORMATION IN OUR RECORDS. WE WILL ONLY WIRE FUNDS TO THE BANK ACCOUNT OF RECORD AND/OR TO THE ORIGINAL FUNDING SOURCE. ALL CHECKS WILL BE ISSUED TO THE ACCOUNT NAME AND ADDRESS ON FILE.

Withdrawal Amount \$ \_\_\_\_\_

Withdrawal Method:  Check (US & Canada only)  Wire Transfer (\$20 wire fee)

Do you want to close your account:  Yes  No

### *(Wire Transfer Only)*

Payable To: \_\_\_\_\_  
Bank Name: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_  
Swift Code: \_\_\_\_\_ ABA Number (US Banks only): \_\_\_\_\_  
Other Information: \_\_\_\_\_

### *(Broker to Broker Transfers Only)*

Financial Institution Name: \_\_\_\_\_

## ACKNOWLEDGED BY

\_\_\_\_\_  
PRIMARY ACCOUNTHOLDER/AUTHORIZED SIGNER NAME

\_\_\_\_\_  
SECONDARY ACCOUNTHOLDER/AUTHORIZED SIGNER NAME

\_\_\_\_\_  
PRIMARY ACCOUNTHOLDER/AUTHORIZED SIGNATURE

\_\_\_\_\_  
SECONDARY ACCOUNTHOLDER/AUTHORIZED SIGNER SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE