

TRADE MANAGE CAPITAL, INC.

MEMBERS FINRA • SIPC

FUNDS REQUEST FORM

FAX TO: 201-587-9477

DATE: _____

Legal Address _____

NAME: _____

A/C #: _____

Legal Address must be provided if account registration contains a PO Box or a c/o

CHECK:

AMOUNT IN NUMBERS: _____

AMOUNT IN WORDS: _____

REGULAR MAIL OR OVERNIGHT DELIVERY (CIRCLE ONE): REG. MAIL Overnight Del. (Charge applies)

WIRE: (Charge applies)

AMOUNT IN NUMBERS: _____

AMOUNT IN WORDS: _____

ABA NUMBER: _____

BANK NAME: _____

CITY, STATE: _____

CONTACT NAME/PHONE NUMBER: _____

FOR CREDIT TO: _____

BANK ACCOUNT NUMBER: _____

FOR FURTHER CREDIT: _____

ACCOUNT NUMBER: _____

SIGNATURE(S): _____

***** (FOR TRADE MANAGE CAPITAL USE BELOW) *****

RECEIVED BY: _____ APPROVED BY: _____ PROCESSED BY: _____

AML REVIEW: This transaction has been reviewed and it does not give rise to AML concerns. _____

