

**WITHDRAWAL REQUEST FORM**

To withdraw funds or close an account, complete and sign this Withdrawal Request Form. Withdrawal requests are processed within two (2) business days of receipt of this form via **FAX to 1.908.731.0747** or via post to the address above. **All information requested below must be provided to avoid errors or delays in processing.**

**Method of Withdrawal Requested:**     Check  
   Wire Transfer (Bank fee will apply)

Date \_\_\_\_\_  
Customer Name \* \_\_\_\_\_  
Account # \_\_\_\_\_  
Mailing Address \* \_\_\_\_\_  
City, State, Country \_\_\_\_\_  
Telephone Number \_\_\_\_\_

**Withdrawal Amount in US\$** \_\_\_\_\_  
Bank Name \* \_\_\_\_\_  
US Intermediary Bank \_\_\_\_\_  
*(required for int'l transfers)*  
ABA # or Swift Code \_\_\_\_\_  
Bank Account # \* \_\_\_\_\_  
Bank Address \_\_\_\_\_  
City, State, Country \_\_\_\_\_

\* Customer and bank account information **MUST** match the information provided on your original account application. Due to U.S. federal laws, we will only wire funds to the bank account of record. GAIN may not make or receive payment via third party.

Customer Signature    **X** \_\_\_\_\_

**Fax withdrawal requests to 1.908.731.0747. Thank you for choosing GAIN Capital.**