



PERIODIC PAYMENT FORM (NON-RETIREMENT)

Email: Service@stockcross.com | Phone: 800.225.6196 | Fax: 310.858.7491

You must use a StockCross "IRA Distribution Form" for retirement account distributions, available at www.stockcross.com.

You should use this form to add, change, or delete periodic payments to or from your brokerage account. If you have not yet set up standing instructions on your account, please also complete the ACH or Internal Transfer Standing Instructions form located at www.stockcross.com

- **Check Request** allows you to periodically receive a check mailed from your brokerage account to your mailing address.
- **ACH*** allows you to move money between your brokerage account and your bank account (with an identical registration).
- **Internal Transfer** allows you to transfer cash or securities between your brokerage account and another brokerage account maintained at StockCross.

*ACH transactions are processed via the Automated Clearing House (ACH). It may take up to 14 days to establish ACH instructions. Once ACH instructions are established, please allow 2-3 days after the request is processed for funds to reach your bank or credit union.

1. ACCOUNT INFORMATION

Name / Account Title:	StockCross Account Number:
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2. PAYMENT TYPE INFORMATION (please send a separate form for each periodic payment setup)

- Check Request** allows you to periodically receive a check mailed from your brokerage account to your mailing address.
- ACH*** allows you to move money between your brokerage account and your bank account (with an identical registration).
- _____ (Bank Name); _____ (Account Number).
- Internal Transfer Request:**
Please SEND/ RECEIVE the below payment to/from the standing instructions on file at _____ (StockCross Account Number).

2. PAYMENT TYPE INFORMATION

I authorize StockCross Financial Services to send/receive the following payments automatically to the standing instructions. I understand that in the event there are not sufficient funds to cover the transfer or journal, StockCross may send partial amounts or cancel:

- Dividend Payments** (sent on the last business day of the month).
- Periodic Payment:** Please send/journal OUT OF my StockCross account \$ _____ every:
- Week (sent/transferred every Friday)
- Month on _____ (Day of Month)
- Year in _____ (Month) (sent/transferred the last business day of the month)
- Periodic receipts:** Please receive/journal INTO my StockCross account \$ _____ every (only available for ACH/Internal Transfer):
- Week (sent/transferred every Friday)
- Month on _____ (Day of Month)
- Year in _____ (Month) (sent/transferred the last business day of the month)

3. AUTHORIZATION (SIGNATURE(S) REQUIRED)

I (We) authorize StockCross Financial Services to act upon my (our) requests to transfer cash from my (our) brokerage account to the designated bank or other brokerage account above in accordance with the instructions given by me (us) without first confirming those instructions with me (us) directly.

I (We) understand and agree that StockCross Financial Services will not be liable for any loss, cost, or expense so long as StockCross transmits the redemption proceeds to the bank or brokerage account identified above. StockCross Financial Services reserves the right, but has no obligation, to confirm my (our) Broker/Dealer's instructions with me (us) prior to acting on such instructions. I (We) further certify and agree that the above directions and authorizations in this document will continue until StockCross Financial Services receives the actual written notice of any change thereof. I (We) further agree to indemnify and hold harmless StockCross Financial Services and its affiliates, National Financial Services, Bank Partners, and their respective officers, directors, employees, and agents from and against any and all losses, claims, or financial obligations that may arise from any act or omission by me (us).

All account holders (owners and authorized individuals) must sign and date.

Account Owner's Signature	Date

Account Co-owner's Signature	Date

Please print your name here

Please print your name here