

**TAXABLE ACCOUNT
WITHDRAWAL REQUEST**

Forward To: 214 West 9th Street
PO Box 420
Onaga, KS 66521-0420
P) 800.521.9897
F) 913.901.4190
distributions@mainstartrust.com

This Is a New Address

WILL DISTRIBUTION CLOSE ACCOUNT?

Yes No

Please Print or Type

ACCOUNTHOLDER INFORMATION

| | | | |
|----------------|--|------------------------|--|
| Account Name | | Account Number | |
| Address | | Social Security Number | |
| Address | | Date of Birth | |
| City State Zip | | Phone Number | |

DISTRIBUTION

Checks and/or Securities will be issued to you unless otherwise indicated

Withdrawals

Distributions to be made: Starting Date _____ Once Monthly Quarterly Annually
(MM/DD/YYYY)

Direct Deposit: Voided Check Attached
 Information Already on File

Cash Amount

I instruct the custodian to distribute from the above account:

- 1. The entire cash balance
- 2. \$ _____ (value of assets requested) - or - other _____
- 3. The entire account balance

Securities

Attach pages for additional securities.

| Asset Description | Quantity | Liquidate | Distribute In Kind |
|-------------------|----------|--------------------------|--------------------------|
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |

SIGNATURE

I certify that I am the proper party to receive payment(s) and that all information provided by me is true and accurate. I further certify that no tax advice has been given to me by the custodian.

Accountholder/Trustee Signature _____
Date

Accountholder/Trustee Name (please print)

Direct Deposit Authorization

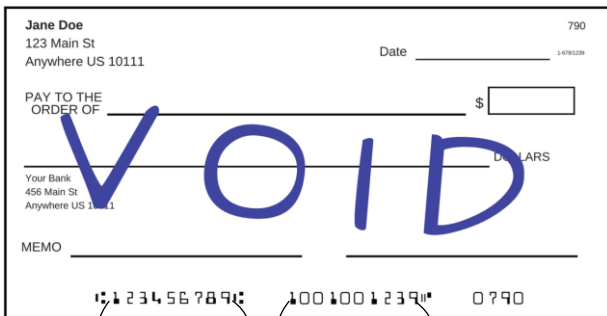
I hereby authorize Mainstar Trust to electronically deposit money into the account referenced at the financial institution named below. This authorization is to remain in effect until I notify Mainstar Trust in writing on a Direct Deposit Authorization form of a cancellation or change. I understand it is my responsibility to verify that the money in the correct amount is credited to my account and to notify Mainstar Trust of any discrepancies. In the event money is deposited erroneously into my account, I authorize Mainstar Trust to debit my account not to exceed the amount of the erroneous credit. I hereby agree to hold Mainstar Trust harmless from any error or omissions Mainstar Trust may make in depositing or failing to deposit the requested amount to the designated account.

Account Information: Attach a voided check or a savings account deposit slip.
 Please verify the ABA Routing Number with your financial institution for your account. These are the first nine (9) digits on your check or deposit slip. The accountholder is responsible for the accuracy of the ABA Routing Number.

Bank Name _____

Bank Phone _____

ATTACH VOIDED CHECK HERE



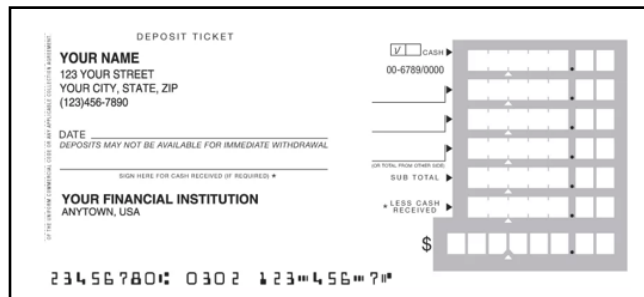
123456789
 Routing Number

1001001239
 Account Number

ABA Routing Number _____

Account Number _____

ATTACH SAVINGS DEPOSIT SLIP HERE



 Accountholder Signature

 Date

 Print Name

 Mainstar Trust Account Number