

## TAXABLE ACCOUNT WITHDRAWAL REQUEST

Forward To: 214 West 9<sup>th</sup> 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

Jane Doe  
123 Main St  
Anywhere US 10111

Date \_\_\_\_\_ 790

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_

VOID

Your Bank  
456 Main St  
Anywhere US 10111

MEMO \_\_\_\_\_

123456789  
Routing Number

1001001239  
Account Number

ABA Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

ATTACH SAVINGS DEPOSIT SLIP HERE

DEPOSIT TICKET

☒ CASH

00-6789/0000

YOUR NAME  
123 YOUR STREET  
YOUR CITY, STATE, ZIP  
(123)456-7890

DATE \_\_\_\_\_

DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL

SIGN HERE FOR CASH RECEIVED IF REQUIRED \*

YOUR FINANCIAL INSTITUTION  
ANYTOWN, USA

234567890  
0302 123456789

\_\_\_\_\_  
Accountholder Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Mainstar Trust Account Number