



DISTRIBUTION REQUEST

1. INVESTOR INFORMATION

Owner _____
 Co-Owner (if applicable) _____
 Mailing Address _____ City _____ State _____ Zip _____
 Phone: #1 _____ #2 _____ E-Mail _____

2. INVESTMENT DISTRIBUTION ELECTION

I understand that if the investment listed below is a term certificate that has not reached maturity, a penalty may be applied to my investment in addition to the amount distributed. **Initial:** _____

One-Time Distribution Please make this selection effective upon maturity of this investment.*

Investment # _____

- I would like to receive a one-time distribution of \$ _____ from the above investment, credited to the bank account indicated in Section 3.
- I would like to close the above investment and have the balance credited to the bank account indicated in Section 3.

Interest Distribution Please make this selection effective upon maturity of this investment.*

Investment # _____

- I would like to receive a one-time distribution of all interest earned from the above investment, credited to the bank account indicated in Section 3.
- I would like to receive a recurring distribution of accrued interest from the above investment, credited to the bank account indicated in Section 3. (Available only on investments of \$5,000 or more.)
- Monthly by the 5th Quarterly by the 5th

**If not selected, request will be processed as soon as possible.*

3. ELECTRONIC FUNDS TRANSFER AUTHORIZATION

I desire to have The Solomon Foundation process any request for electronic transfers indicated on this Distribution Request to:

- My existing bank account on file: _____ ending in _____.
(Bank Name) (Last 3 digits)
- A new bank account as listed on the enclosed EFT Authorization Form: _____ ending in _____.
(Bank Name) (Last 3 digits)

4. ACKNOWLEDGMENT*

Print Name _____ Print Name _____
 Signature _____ Signature _____
 Date _____ Date _____

**Two signatures are required for those investments opened with a two signature requirement.*