CHECK REQUEST FORM

Instructions must be dated within 30 days from the date of receipt by Apex.





CHECK INFORMATION				
Apex Clearing Account No.				
Amount				
Payable To				
				Address of Record
Payee Address				Regular Mail
•				Overnight Overnight to Broker
Reason for Transfer				Overnight to broker
CUSTOMER AUTHORIZATION				
Customer Signature		Joint Account Holder Signature		
I/We agree to hold all parties action on this request, including the introducing broker and Apex Clearing Corporation, and their respective agents and employees (hereinafter, collectively, "the parties") harmless from any and all claims, demands, proceedings, suits and actions and all liabilities, losses and expenses including without limitation those asserted by me, associated with actions taken by the parties due to instruction received from me in this request.				
NOTARY				
		Notary Seal:		
Notary Signature		_		
INTERNAL USE ONLY				
Registered Principal Approval:				
Print Name	Title	Signature		Date
Compliance Officer Approval/Registered	l Principal Approval:			
Print Name	Title	Signature		Date