



Penson Financial Services.

Member FINRA, NYSE and SIPC

1700 Pacific Avenue
Suite 1400
Dallas, Texas 75201
214.765.1100
www.penson.com

CHECK REQUEST FORM

Date: _____

Penson Financial Account Number: _____

Amount: _____

Payable To: _____

Address: _____

_____ Address of Record

_____ Regular Mail

_____ Overnight

_____ Overnight to Broker

Description: _____

Requested By: _____

Customer Signature: _____

Customer Signature (Joint Account): _____

I agree to hold all parties acting on this request, including the introducing broker and Penson Financial Services, Inc., 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 instructions received from me in this request.

NOTARY SIGNATURE: _____

NOTARY SEAL:

notary required for all 3rd party transaction

Internal Use Only

Registered Principal Approval

Print Name

Title

Signature

Date