

Pershing Check Request

CRF

Please print, preferably in capital letters and black ink.

To: Cambridge Investment Research, Inc.
Phone: 641-472-5100
Fax: 641-470-1289

Date: _____

From Rep: _____
(Please Print Name)

Rep #: _____

Pershing Account#

Account Name

\$ _____
Dollar Amount Only ~ No Percentages

Already entered on NetExchange Pro; fax to Cambridge Pershing Operations only if Client Signature is required.

Send to address of record ? Yes No

*Alternate address (client signature required):

Address

City State Zip

*Third party payee

Mailing Instructions:

CHECKS CAN ONLY GO REGULAR MAIL OR OVERNIGHT.

- Regular Mail
 Overnight (Federal Express) No PO Boxes.

Charge to customer account OR Charge Rep # _____
(If not completed, we will charge to the customer account)

Miscellaneous Instructions

Client Signature (if applicable) Date (mm-dd-yyyy)

Client Signature (if applicable) Date (mm-dd-yyyy)

***Client signature(s) required for all checks \$100,000+ ; checks sent to an alternate mailing address; or checks payable to a third party.**

Requested by

