



Advantage, Trader.

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**WITHDRAWAL REQUEST FORM**

All requests for withdrawal will be processed the same business day if received by FX Solutions in Australia by 11 AM ET.

Account #	<input type="text"/>	User Name	<input type="text"/>	<b>Comments:</b>   
Customer Name	<input type="text"/>			
Withdrawal Amount	<input type="text"/>			

Mailing Address	<input type="text"/>			
City	<input type="text"/>	Telephone	<input type="text"/>	
State/Province	<input type="text"/>	ZipCode	<input type="text"/>	Country <input type="text"/>
Email Address	<input type="text"/>			

**Beneficiary Bank:**

**Intermediary Bank (if necessary):**

ABA or Swift Code:	<input type="text"/>	ABA or Swift Code:	<input type="text"/>
Bank Name:	<input type="text"/>	Bank Name:	<input type="text"/>
Bank Address:	<input type="text"/>	Bank Address:	<input type="text"/>
Beneficiary Name:	<input type="text"/>	Beneficiary Name:	<input type="text"/>
Bank Account #:	<input type="text"/>	Bank Account #:	<input type="text"/>
FX Solutions Australia, account holder only Correspondent FX Solutions Australia may not make third party payments		For Further Credit To: (if applicable) <input type="text"/>	

**Method of Payment:**

**Will Your Account be Closed?**

<input type="checkbox"/> Wire Transfer (\$25 Bank Fee Applied to withdrawal amount)	<input type="checkbox"/> Yes <input type="checkbox"/> No (\$50 minimum balance to maintain an account)
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(Note: if closing an account FX Solutions Australia will close all open positions at the current market rate if not done so by client)  
FX Solutions Australia will not be responsible for margin calls due to customer requested withdrawal.

**THE ABOVE INFORMATION MUST BE COMPLETED IN FULL TO PROCESS THIS CHANGE**

I/We hereby represent that the information provided by me/us is true and correct. I/We further represent that I/we will notify FX Solutions Australia of any material changes in writing. FX Solutions Australia reserves the right, but has no duty, to verify the accuracy of information provided, and to contact various sources as it deems necessary.

Primary Customer Signature	Date	Joint Customer Signature	Date
_____	_____	_____	_____
Print Primary Name		Print Joint Name	
_____		_____	