WITHDRAWAL REQUEST FORM

35 Technology Drive
Warren, NJ 07059

Tel: 1.908.731.0700
Toll Free: 1.877.424.6227

To withdraw funds or close an account, fully complete and sign this Withdrawal Request Form. Withdrawal requests are processed within two (2) business days of receipt of this form via **FAX to 1.908.731.0747** or via post to the address above.

This form must be fully completed including full address, P.O. Boxes not accepted. All information requested below must be provided to avoid errors or delays in processing.

Method of Withdrawal Requested: ☐ Check
☐ Wire Transfer (Bank fee will apply)

Date _____

Customer Name * _____

Account # _____

Mailing Address * _____
(PO Box not accepted)

City, State, Country _____

Telephone Number _____

Withdrawal Amount in US$ _____

Bank Name * _____

US Intermediary Bank _____
(required for int'l transfers)

ABA # or Swift Code _____

Bank Account # * _____

Bank Address _____

City, State, Country _____

* Customer and bank account information MUST match the information provided on your original account application. Due to U.S. federal laws, we will only wire funds to the bank account of record. GAIN may not make or receive payment via third party.

Customer Signature **X**_____

Fax withdrawal requests to 1.908.731.0747. Thank you for choosing GAIN Capital.