

Move Money Authorization



By agreeing to the below, I/we hereby confirm my authorization for my registered investment advisor ("Advisor") _____, to initiate any of the following on my behalf: (1) internal transfers between my Altruist Financial LLC ("Altruist") accounts, (2) electronic fund transfers ("ACH") between my Altruist account and the accounts designated below; or (3) wire transfers from my Altruist account to the accounts designated below. This letter of authorization ("Letter") shall be governed by the additional provisions as laid forth in the Altruist Financial LLC Customer Agreement in effect as of the date of the transfer. Altruist is the clearing broker-dealer and custodian, who will receive all authorizations and modifications to or revocations of authorizations. Altruist can be contacted at (888) 510-4660 or support@altruist.com for any questions, or to make modifications to or revocations of this authorization. Modifications and revocations of this authorization may also be done through the Altruist platform.

1. Internal Transfer Authorization

I/we authorize Advisor to move funds and securities between my Altruist account and the Altruist accounts designated below. I/we understand that this grant of authority can be terminated or changed at any time by contacting Altruist or by using the Altruist platform.

Altruist Account Name	Altruist Account Number

2. Electronic Funds Transfer Authorization

I/we hereby authorize Advisor to initiate ACH transfers by and between my Altruist account and my account(s) held at another financial institution as specified below, and as updated from time to time. All ACH transfers shall be subject to the terms of the Altruist Financial LLC Customer Agreement, including the section entitled "ACH and Wire Transfers", in effect at the time of the ACH. I/we understand that this grant of authority can be terminated or changed at any time by contacting Altruist or by using the Altruist platform.



Financial Institution Account Information:

ACH Direction: Transfer from Altruist to Bank Transfer from Bank to Altruist

Bank Type: Checking Savings

Bank Name: _____

ABA Number: _____

Name on Bank Account: _____

Bank Account Number: _____

ACH Direction: Transfer from Altruist to Bank Transfer from Bank to Altruist

Bank Type: Checking Savings

Bank Name: _____

ABA Number: _____

Name on Bank Account: _____

Bank Account Number: _____

3. Wire Transfer Authorization

I/we hereby authorize Advisor to initiate wire transfers ("Wires") from my Altruist account to my account(s) held at another financial institution as specified below, and as updated from time to time. All Wire transfers shall be subject to the Altruist Financial LLC Customer Agreement in effect at the time of the Wire. I/we understand that this grant of authority can be terminated or changed at any time by contacting Altruist or by using the Altruist platform.

Domestic Wire Information:

Bank Type: Checking Savings

Bank Name: _____

ABA Number: _____

Name on Bank Account: _____

Bank Account Number: _____



4. Written Authorization

By signing below, I/we hereby authorize and instruct Altruist to accept and act upon any and all instructions as designated in the Sections completed above. For any retirement accounts, including but not limited to Traditional IRA, Roth IRA, Rollover IRA, SEP IRA, SIMPLE IRA, Beneficiary IRA, Beneficiary Roth IRA, and Solo 401(k). I confirm that I am responsible for determining whether any distributions or contributions can be made and whether any tax or penalty withholdings must be made. I acknowledge that certain types of distributions can not be authorized with this form, and a separate distribution request form with my signature may be required.

Altruist Account Name: _____

Altruist Account Number: _____

Signature: _____ Date: _____

Social Security Number: _____ Contact Number: _____

Signature: _____ Date: _____

Social Security Number: _____ Contact Number: _____

Signature: _____ Date: _____

Social Security Number: _____ Contact Number: _____

Signature: _____ Date: _____

Social Security Number: _____ Contact Number: _____