

# Letter of 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 Apex Clearing Corporation ("Apex") accounts, (2) electronic fund transfers ("ACH") between my Apex account and the accounts designated below; or (3) wire transfers from my Apex account to the accounts designated below. This letter of authorization ("Letter") shall be governed by the additional provisions as laid forth in the Apex Customer Account Agreement in effect as of the date of the transfer. Altruist Financial LLC ("Altruist") is the introducing broker-dealer, who will receive and forward all authorizations and modifications to or revocations of authorizations to Apex. 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 Apex account and the Apex 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, which will forward any instructions to Apex.

Apex Account Name	Apex Account Number

## 2. Electronic Funds Transfer Authorization

I/we hereby authorize Advisor to initiate ACH transfers by and between my Apex 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 Apex Customer Account Agreement, including the section entitled "ACH Agreement", 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, which will forward any instructions to Apex.



**Financial Institution Account Information:**

ACH Direction:  Transfer from Apex to Bank  Transfer from Bank to Apex

Bank Type:  Checking  Savings

Bank Name: \_\_\_\_\_ ABA Number: \_\_\_\_\_

Name on Bank Account: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_

ACH Direction:  Transfer from Apex to Bank  Transfer from Bank to Apex

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 Apex 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 Apex Customer Account 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, which will forward any instructions to Apex.

**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 Apex 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, SEP IRA, SIMPLE IRA and Beneficiary IRA, 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.

Apex Account Name: \_\_\_\_\_

Apex 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: \_\_\_\_\_