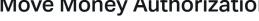
## **Move Money Authorization**



Altruist Financial LLC



accounts, (2) electromy Altruist account as laid forth in the Al and custodian, who 510-4660 or suppor	nic fund transfers ("ACH") between my Altruist actoring to the accounts designated below. This letter of a ltruist Financial LLC Customer Agreement in effectivity all authorizations and modifications to	alf: (1) internal transfers between my Altruist Financial LLC ("Altruist") count and the accounts designated below; or (3) wire transfers from uthorization ("Letter") shall be governed by the additional provisions t as of the date of the transfer. Altruist is the clearing broker-dealer or revocations of authorizations. Altruist can be contacted at (888) lifications to or revocations of this authorization. Modifications and
1. Internal Tran	sfer Authorization	
	•	iist account and the Altruist accounts designated below. I/we at any time by contacting Altruist or by using the Altruist platform.
Altruist Account Na	ame	Altruist Account Number
2. Electronic Fu	unds Transfer Authorization	
institution as specifi Customer Agreemen	ed below, and as updated from time to time. All AC	n my Altruist account and my account(s) held at another financial CH transfers shall be subject to the terms of the Altruist Financial LLC ansfers", in effect at the time of the ACH. I/we understand that this cting 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

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## 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 In	formation:			
Bank Type:	☐ Checking	☐ Savings		
Bank Name		ABA Number		
Name on Bank Account		Bank Account Number	Bank Account Number	
4. Written Au	ithorization			
completed above IRA, Beneficiary II contributions car	. For any retirement accounts, including RA, Beneficiary Roth IRA, and Solo 401 ( I be made and whether any tax or penalt	ist to accept and act upon any and all instru but not limited to Traditional IRA. Roth IRA, I \(\)\). I confirm that I am responsible for determ y withholdings must be made. I acknowledg bution request form with my signature may	Rollover IRA, SEP IRA, SIMPLE nining whether any distributions or e that certain types of distributions	
Altruist Account	Name			
Altruist Account	Number			
Printed Name				
Signature			Date	
Social Security I	Number	Contact Number		
Printed Name _				
Signature			Date	
Social Security I	Number	Contact Number		
Printed Name _				
Signature			Date	
Social Security I	Number	Contact Number		
Printed Name _				
Signature			Date	
Social Security I	Number	Contact Number		

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