BANCWEST INVESTMENT SERVICES

SYSTEMATIC WITHDRAWAL PLAN (SWP)

Please complete the following information: (one account per form)

Account Title:	Account Number:
Rep Name:	

I hereby authorize Pershing, the clearing broker dealer, to do systematic withdrawals as indicated below:

Please complete all information. **(Any item that has not been completed will delay processing of this form and placing of periodic trades.)**

FUND NAME	SYMBOL	$ AMOUNT	TRADE DATE

FREQUENCY: ◯ Monthly ◯ Quarterly ◯ Semi Annually ◯ Annually

One of the following must be checked:

◯ This is to set up a new SWP.

◯ The information above replaces the current SWP instructions on the account.

Client Signature Date

Client Signature Date

**********SETTLEMENT INSTRUCTIONS**********

◯ Please send a check for all systematic withdrawals

◯ Please credit my Bank by using ACH **(Complete the Pershing ACH Authorization Agreement)**

****IMPORTANT** For an IRA, attach an IRA Distribution Form**

I understand that the attached settlement instructions may change any current settlement instructions on my brokerage account.

20140624

Print Form