

DATE

DOMESTIC WIRE REQUEST FORM

DATE		WIRE AMOUNT		APEX ACCOUNT NO.	
BENEFICIARY/RECIPIENT/FOR FURTHER CREDIT TO INFORMATION (Ultimate recipient of the wire transfer funds)					
Beneficia	ry/Recipient/For Furth	er Credit to Name:			
Beneficiary Account No:					
*Beneficiary Address, City, State, Zip, Country: (Required)					
BENEFICIARY BANK INFORMATION (Financial Institution where the beneficiary maintains their account)					
Beneficia	ry Bank Routing Transf	er No.			
*Bank Name (Required)					
*Beneficiary Bank Address, City, State, Zip, Country (Required)					
INTERMEDIARY BANK INFORMATION (Financial Institution where the wire must pass through before reaching the final beneficiary bank. This section is OPTIONAL and not required for all wires)					
Correspondent Bank ABA:					
*Bank Name (Required)					
*Beneficiary Bank Address, City, State, Zip, Country (Required)					
CUSTOMER AUTHORIZATION					
Reason for Transfer:					
Customer Signature Joint Account Holder Signature					
I agree to hold all parties acting on this request, including the introducing broker and Apex Clearing Corporation, and their respective agents and employees (hereinafter, collectively, "the parties") harmless from any and all claims, demands, proceedings, suits and actions and all liabilities, losses and expenses including without limitation those asserted by me, associated with actions taken by the parties due to instructions received from me in this request.					
NOTARY					
Notary Seal:					
Notary Signature					
FOR INTERNAL USE ONLY					
Registered Principal Approval:					
Print Nam	ne	Title	S	ignature	Date
Compliance Officer Approval/Registered Principal Approval					
Print Nam	16	Title	S	ignature	Date