

To: _____

Clearing Agent – Wedbush Morgan Securities

Automated Clearing House (ACH) Authorization

I.E. Code

Securities Account Number

Securities Account Information

Name: _____ Social Security/Tax I.D. Number: _____

Bank Account Information

Name as it appears on your Bank Account: _____

Bank Account Number: _____ Bank Account Type (select one): Savings Checking

Type of Transfer

I/we elect to make transfers on-demand between my/our securities account and bank account as follows*:

1. From: Bank Account (specified above) To: Securities Account (specified above)

Amount: \$ _____

Beginning Date: _____ / _____ / _____
Month Day Year

Recurring: Monthly Quarterly Semi-Annually Annually

2. From: Securities Account (specified above) To: Bank Account (specified above)

As requested only Dividends & Interest

Recurring: Monthly Quarterly Amount: \$ _____

**Important Note: If you are using this form to withdraw funds from an IRA account in which Wedbush Morgan Securities is the custodian, you must also complete the Distribution Election Request on the reverse of this form.*

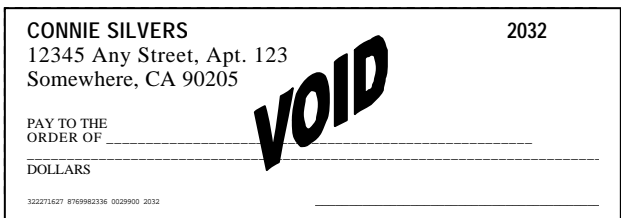
Please Read and Sign

I/we authorize you and your clearing agent to transfer funds between my/our securities account and my/our bank account via ACH funds transfer. In the event an entry is incorrect, I authorize you and/or your clearing agent, at your discretion, the right to submit correcting entries. Attached is a voided check so that you have my/our necessary bank routing information. I/we authorize my/our "Bank Account Information" to be released to you and/or your clearing agent for verification purposes. I/we will confirm activation of these ACH instructions before making financial commitments based upon these instructions. This authorization remains in full force and effect until you and your clearing agent receive written notification of its termination or amendment. I/we acknowledge that ACH transactions to or from my/our account must comply with the provisions of U.S. Law, Internal Revenue Code and National Automated Clearing House Association Rules.

X _____ X _____
Applicant's Signature Date Joint Applicant's Signature Date

For Office Use Only:
X _____
Signature Guaranteed by Authorized Signatory Date

Attach Voided Check Here



FORM ACH (page 2)
IRA AUTOMATED CLEARING HOUSE AUTHORIZATION

Payee Information

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Reason for Distribution

- | | |
|--|---|
| <input type="checkbox"/> Premature Distribution (<i>under age 59 1/2</i>) Code 01 | <input type="checkbox"/> Normal Distribution (<i>over age 59 1/2</i>) Code 07 |
| <input type="checkbox"/> Premature Distribution (<i>exception to early withdrawal penalty applies - under age 59 1/2. Must attach certification form for substantially equal IRA payments</i>) Code 02 | <input type="checkbox"/> Roth Distribution (<i>under age 59 1/2</i>) Code J |
| <input type="checkbox"/> Disability Distribution (<i>attach proof of disability</i>) Code 03 | <input type="checkbox"/> Roth Distribution (<i>over age 59 1/2</i>) Code T |
| | <input type="checkbox"/> Death Distribution (<i>attach copy of death certificate</i>) Code 04 |

Notice and Election on Income Tax Withholding

Federal law requires 20% tax withholding on eligible rollover distributions from a QRP, on all other distributions Federal Income Tax will automatically be withheld at a rate of 10% unless otherwise specified below:

- I do not want to have Federal Income Tax withheld from my distribution.
- Withhold Federal Income Tax as follows (minimum of 10%): _____ % or \$ _____

IF CALIFORNIA RESIDENT:

State income tax will automatically be withheld at the rate of 10% of the amount of federal tax withholding unless otherwise specified below:

- I do not want to have CA State Income Tax withheld from my distribution
- Withhold CA State Income Tax as follows: \$ _____

IF OREGON RESIDENT:

State income tax will automatically be withheld at the rate of 8% unless otherwise specified below (minimum withholding of \$10.00):

- I do not want to have OR State Income Tax withheld from my distribution.
- Withhold OR State Income Tax as follows: \$ _____

IF WISCONSIN RESIDENT:

State income tax will not be withheld unless requested by you below:

- Withhold WI State Income Tax withheld from my distribution as follows:
- \$ _____
- or _____ %

Attestation and Signature(s)

I attest to the accuracy of the information stated hereon. I am aware of and accept full responsibility for the tax consequences respecting these instructions.

X _____ **X** _____
 Payee's Signature Date Spouse's Signature Date
 (community property states only for IRA accounts)
 Required in all states for Qualified Retirement Plan accounts

DO NOT WRITE BELOW THIS LINE – FOR INTERNAL USE ONLY

Gross Distribution Amount \$	Tax Withheld: \$	% Tax Withheld:	Net Distribution Amount \$
Payment Code	Fee \$		
Wedbush Morgan Securities (as Custodian)			Date