

REQUEST FOR FUNDS WITHDRAWAL

Investors Securities, Inc.
Unit 604-605, Tower One & Exchange Plaza,
Ayala Triangle, Ayala Ave., Makati City
Tel. Nos.: 848-7032 to 33/511-1755
Fax No.: 848-7034
Email: investorsonline.ph@gmail.com / support@investorsonline.ph

I/We hereby request for withdrawal of funds from my/our account with Investors Online with the specified amount indicated below:

| | |
|------------|--|
| Php | |
|------------|--|

**in figures*

| |
|--|
| |
|--|

**in words*

() **Deposit to account** **Metro Manila only*

| | |
|------------------------|--|
| Name of Bank: | |
| Account Name: | |
| Account Number: | |
| Branch: | |

() **Authorization: Withdrawal by Representative** **He/She must present a valid ID and ID of the client*

I/We hereby authorize my/our representative whose name and signature appear below to pick up the check/documents in my/our behalf.

Representative's Signature over Printed Name

Thank you.

Client's Signature over Printed Name

REMINDERS:

- Checks are payable to client's name ONLY
- Check dates have 3 days clearing (Transaction date + 3days clearing; PSE, CMIC & other Government Agencies Ruling)
- Checks/documents will be available for pick up a day after we receive your request
- You may send an advance copy via email or fax. However, we still need the original copy of the letter upon release of the check
- Office Hours: Monday-Friday 8:30-5:30