

**1 GENERAL INFORMATION**

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Print Owner Name	Date of Birth	Social Security Number/TIN
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Print Co-Owner Name	Date of Birth	Social Security Number/TIN
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**2 INSTRUCTIONS**

Select all that apply. All changes must be received seven (7) business days prior to the requested beginning date. Allow up to two (2) business days for the funds to post to your bank account. Periodic redemptions must be at least \$50 per month.

- New periodic redemption
- Change current periodic redemptions
- Cancel current periodic redemptions

**REDEMPTION**

Investment Number \_\_\_\_\_

Amount \$ \_\_\_\_\_

**FREQUENCY** 1<sup>st</sup> or  15<sup>th</sup> or  26<sup>th</sup>

Beginning Date \_\_\_\_\_

**3 AUTHORIZATION AGREEMENT**

This will authorize AGFinancial to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to the bank account indicated below for any payments, interest, withdrawals, redemptions or otherwise, due to you or requested by you on the investment. This authorization is to remain in force until AGFinancial has received written notice of its termination in such time and in such manner as to afford it and your bank a reasonable opportunity to act on it. This authorization does not change the terms of your investment.

This will authorize the bank indicated on the enclosed voided check for checking accounts or savings deposit ticket for savings accounts, and as listed below, to debit and/or credit the same to the investment.

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Name(s) As They Appear On Your Bank Account	<input type="checkbox"/>	<input type="checkbox"/>
	Checking	Savings

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Bank Account Number	Bank ABA Number (Located in bottom left corner of check.)
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Bank Name (Please print)	Bank Telephone Number
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Bank Address	City	State	Zip
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**4 SIGNATURE(S)**

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Owner Signature	Date
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Co-Owner Signature	Date
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