

Check Funds Transfer Request Form

PLEASE RETURN TO
Attn: Financial Operations Department
Fax: 1-212-509-3541

From:

Date:

Company: _____

Telephone: _____

Transfer Amount: _____ Currency (if not USD) _____

Debit LSC A/c # (Acronym) _____
(If related to stock/option please include CUSIP)

Check Request

Payable To _____

Mailing Address _____

Ref/ Memo (if any) _____

Authorized Signatory:

Signature _____

Name/Title/Date _____

Introducing Broker (if applicable):

Approved By _____

Name/Title/Date _____

