



Park House, 16 Finsbury Circus  
London, UK EC2M 7EB

Phone: 001-201-345-2210 Fax: 001-201-345-2520  
Email: [funding@fxsol.co.uk](mailto:funding@fxsol.co.uk)

### WITHDRAWAL REQUEST FORM

All requests for withdrawal will be processed the same business day if received by FX Solutions in the UK by 11 AM ET.

Account #	<input type="text"/>	User Name	<input type="text"/>	Comments:
Customer Name	<input type="text"/>			
Withdrawal Amount US Dollars \$	<input type="text"/>			

Mailing Address	<input type="text"/>		
City	<input type="text"/>	Telephone	<input type="text"/>
State/Province	<input type="text"/>	ZipCode	<input type="text"/>
Email Address	<input type="text"/>		

Beneficiary Bank: (Required for Wire Transfer Withdrawals Only)	Intermediary Bank (if necessary):
ABA or Swift Code: <input type="text"/>	ABA or Swift Code: <input type="text"/>
Bank Name: <input type="text"/>	Bank Name: <input type="text"/>
Bank Address: <input type="text"/>	Bank Address: <input type="text"/>
Beneficiary Name: <input type="text"/>	Beneficiary Name: <input type="text"/>
Bank Account #: <input type="text"/>	Bank Account #: <input type="text"/>
<ul style="list-style-type: none"><li>•FX Solutions UK account holder only Correspondent</li><li>•FX Solutions UK may not make third party payments</li></ul>	For Further Credit To: (if applicable) <input type="text"/>

<b>Method of Payment:</b> <input type="checkbox"/> Wire Transfer (\$25 Bank Fee Applied to withdrawal amount)	<b>Will Your Account be Closed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (\$50 minimum balance to maintain an account)
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(Note: if closing an account FX Solutions UK will close all open positions at the current market rate if not done so by client)  
FX Solutions UK will not be responsible for margin calls due to customer requested withdrawal.

**THE ABOVE INFORMATION MUST BE COMPLETED IN FULL TO PROCESS THIS CHANGE**

I/We hereby represent that the information provided by me/us is true and correct. I/We further represent that I/we will notify FX Solutions UK of any material changes in writing. FX Solutions UK reserves the right, but has no duty, to verify the accuracy of information provided, and to contact various sources as it deems necessary.

Primary Customer Signature	Date	Joint Customer Signature	Date
_____	_____	_____	_____
Print Primary Name		Print Joint Name	
_____		_____	