

Client Withdrawal Form

Account Owner Information

Account #/Investment Company

First Name _____ MI _____ Last Name _____

Address _____

() _____

Daytime Phone _____ Email Address _____

Instructions

Type of Account: IRA Roth IRA Simple IRA Non-Retirement Other _____

Withdraw from all funds proportionately. Amount Requested: \$ _____

Withdraw based on the funds and amount or percentage specified below.

Fund Name or Number	Amount		Percentage
_____	\$ _____	OR	_____ %
_____	\$ _____	OR	_____ %
_____	\$ _____	OR	_____ %
_____	\$ _____	OR	_____ %

Federal Tax Withholding (IRA Accounts Only)

Note: Federal law requires income tax to be withheld. Insufficient withholding may result in IRS penalties. Taxes will be deducted from amount requested.

Federal Tax will be withheld at a rate of 10% unless otherwise specified:

Two Day Delivery

Note: Generally fees range from \$10 to \$25, but vary by provider. Amount will be deducted from the account, not the check amount.

Yes (check will be delivered at end of day, 2 business days after request is processed, with no signature required)

NO (check will be delivered via regular mail 3 - 7 business days after request is processed)

Authorization

I certify that the above information is accurate and that I am entitled to receive the payment for which I have requested.

Client Signature _____ Date _____

Note: The completed form can be emailed to rjsawicki@hirep.net,

faxed to 608.663.3854 or mailed to:

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