



WIRE WITHDRAW REQUEST FORM

Private Scandinavian Sparkasse (PSS)

YOU MUST BE AN EXISTING PSS TRADING CUSTOMER TO USE THIS FORM. This form must be fully completed including with full address (PO Box not accepted). All information requested below must be provided to avoid errors or delays in processing.

All parts need to be completed.

ACCOUNT INFORMATION		
Debit From:	PSS Trading	Account Number
Credit To:	ABA/SWIFT	
	Account Number	
	Name of Bank	
	Address of Bank	
	Name of Beneficiary (It should be same as the PSS Trading Account Holder)	
	Address of Beneficiary	
FUNDING INFORMATION		
Amount to be Withdrawn:		WIRE TRANSFER FEE OF US\$35 WILL BE DEDUCTED FROM YOUR AMOUNT TO BE WITHDRAWN
Reference		
CUSTOMER INFORMATION		
Customer Name*		
Customer Mailing Address* (PO Box not accepted)		
City, State, Country*		
Telephone Number*		
Email Address*		

*Customer account information **MUST** match the information currently on records.

Check here if the Debited Account is to be closed. If checked, you hereby understand and accept that you have requested all available funds be withdrawn from your Debited Account at PSS. All Open Positions must be closed before transfer of funds can be initiated.

Check here if the Debited Account is to remain active. If checked you hereby understand and accept that you have requested funds to be withdrawn from your Debited Account according to your instructions above. Sufficient funds must remain to support any and all Open Positions in the Debited account, according to the terms and conditions in the applicable Customer Agreement.

By signing this form you agree that the information provided is correct. You acknowledge that PSS will wire transfer funds as directed upon the terms and conditions as set forth in the General Business Terms, found at www.privatescandinavian.com and that PSS is not liable for any errors made by Customer, and Customer agrees to hold PSS and its affiliates harmless from any and all claims regarding such fund transfer.

Date _____ Customer Signature **X** _____

Date _____ Customer Signature **X** _____

Please fax this form to +46.(0).8.519.70.349