



VANTAGE®

Outgoing Delivery Instructions

Date Stamp
(Office use only)
Rev. 11/12/2021

This is a fillable PDF form. To complete the form, click in an area and type.

Account Owner Information *(As it appears on your account application)*

First Name: _____ Last Name: _____ Middle Initial: ____ Vantage Account #: _____

Transaction Type: Distribution Buy Directions Letter Other _____

Delivery Instructions

Check Memo or Reference Information: _____

CHECK *(If no delivery option selected, we will default to regular mail)* CASHIER'S CHECK *(Please allow one additional business day for processing)*

Regular Mail Overnight *(Cannot be delivered to a P.O. Box)*

Mail To Address: _____ City: _____ State: _____ Zip: _____

WIRE ACH Bank Account #: _____ Bank Routing #: _____

Account Holder's Name: _____ Bank Name: _____

Account Type: Checking Savings Account Holder's Address *(Required for Wires)* - City: _____ State: _____

Intermediary Bank Information *(Optional: Some banks can only receive wires using a correspondent bank. They are the subordinate bank or "Beneficiary's Financial Institution." Please include necessary information, if applicable, for further credit to:)*

Intermediary Bank Name: _____

ABA# or SWIFT Code: _____

Name: _____

Account Number: _____

DO NOT USE THIS FORM TO INITIATE A TRANSACTION.

I am directing Administrator to use these instructions to fund the transaction specified above. I certify that I am the proper party to provide instructions for my Account, and that all information provided by me is true and accurate. I further certify that the Administrator is not required to verify the accuracy of any signatures and I am responsible for any damages associated with falsified or forged information or signatures. I expressly assume the responsibility for any consequences which may arise from use of these delivery instructions and I agree that the Administrator and Custodian are in no way responsible for those consequences. I declare that I have examined this document, including accompanying information, and to the best of my knowledge and belief, it is true, correct, and complete.

I hereby indemnify and hold harmless Vantage Retirement Plans, LLC, its officers, directors, shareholders, and employees against any liability associated with the above request within my Vantage Account. I understand that all terms and conditions set forth in the Account Application agreement and other documents from Administrator remain in full force and effect.

NOTE: Please allow Vantage two (2) business days to complete your request. Documents received after 2 pm will be considered as received the next business day.

Account Owner's Signature: _____ Date: _____