

# SYSTEMATIC INVESTMENT/WITHDRAWAL AUTHORIZATION FORM

Complete this form to begin the electronic transfer of funds between your investment account and your bank account.  
Transactions are processed through the Automated Clearing House (ACH) system.

## DUNHAM ACCOUNT INFORMATION

\_\_\_\_\_

DUNHAM ACCOUNT TITLE

\_\_\_\_\_

DUNHAM ACCOUNT NUMBER

## BANK ACCOUNT INFORMATION

\_\_\_\_\_

BANK NAME

\_\_\_\_\_

CITY

\_\_\_\_\_

STATE

\_\_\_\_\_

ZIP

\_\_\_\_\_

ROUTING NUMBER

\_\_\_\_\_

BANK ACCOUNT NUMBER

\_\_\_\_\_

FOR FURTHER CREDIT TO

\_\_\_\_\_

REFERENCE (IF APPLICABLE)

## INVESTMENT INSTRUCTIONS

**PERIODIC DEPOSITS INTO YOUR DUNHAM ACCOUNT**

Invest into the following:

- Cash Sweep Arrangement (Dunham Insured Deposit Marketplace ("IDM") or under certain circumstances, a Money Market Fund).<sup>1,2</sup>
- In accordance with instructions on file
- Other fund \_\_\_\_\_

Frequency:  5th day of each month  20th day of each month

Amount (\$100 min.) \_\_\_\_\_ Start Date \_\_\_\_\_

**PERIODIC WITHDRAWALS OUT TO YOUR BANK ACCOUNT**

Withdrawal cash from the following:

- Cash Sweep Arrangement (Dunham Insured Deposit Marketplace ("IDM") or under certain circumstances, a Money Market Fund).<sup>1,2</sup>
- In accordance with instructions on file
- Other fund \_\_\_\_\_

Frequency:  5th day of each month  20th day of each month  
 Quarterly  Annually

Amount (\$100 min.) \_\_\_\_\_ Start Date \_\_\_\_\_

## AUTHORIZATION

I/We hereby authorize Dunham Trust Company or Dunham & Associates Investment Counsel, Inc., as appropriate, ("Dunham") to initiate credit/debit entries to the bank account indicated above and further authorize my (our) Bank to debit the same to such account.

This authority is to remain in full force and effect until Dunham has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Dunham and my (our) Bank a reasonable opportunity to act on it. It is understood that the purpose of this authorization is to provide a means of payment for purchases through my investment professional or financial organization.

### PRIMARY ACCOUNT HOLDER

\_\_\_\_\_

NAME

\_\_\_\_\_

SIGNATURE

\_\_\_\_\_

DATE

### JOINT ACCOUNT HOLDER (if applicable)

\_\_\_\_\_

NAME

\_\_\_\_\_

SIGNATURE

\_\_\_\_\_

DATE

Please adhere, with tape, an original voided bank account check here. Do not staple.



\* For corporate accounts, a corporate resolution displaying the corporate stamp, and a letter from the corporation authorizing the specific transactions for which you are permitted to debit and credit the bank account, must accompany this authorization.

\* For savings accounts, either a bank encoded deposit slip, a copy of the bank statement, or a letter from the bank signature guaranteed by an officer confirming the bank information must accompany this authorization.

\* If the withdrawal is from an IRA, please complete an IRA distribution form.

<sup>1</sup>Cash balances derived from the involvement in the growing, cultivation, manufacturing, distribution, or sale of cannabis (also referred to as to a "Marijuana related business" or "MRB") are not eligible to participate in IDM and will be placed into a Money Market Fund.

<sup>2</sup>Cash balances exceeding the IDM limit, which is subject to change will be placed into a Money Market Fund.