

Withdrawal Request Form

The following information must be completed in **FULL**.

Account Number

User Name

Customer Name

Withdrawal Amount

Comments

Mailing Address

City

State/Province

Zip Code

Country

Email Address

Telephone

Beneficiary Bank (Required for Wire Transfer Withdrawals Only)

- City Index, account holder only Correspondent
- City Index may not make third party payments

ABA or Swift Code

Bank Name

Bank Address

Beneficiary Name

Bank Account Number

Intermediary Bank (if necessary)

ABA or Swift Code

Bank Name

Bank Address

Beneficiary Name

Bank Account Number

For Further Credit to (if applicable)

Method of Payment

Wire Transfer (\$40 Bank Fee Applied to withdrawal amount)

Will Your Account be Closed? (\$50 minimum balance to maintain an account) Yes No

Note

- If closing an account City Index will close all open positions at the current market rate if not done so by client.
- City Index will not be responsible for margin calls due to customer requested withdrawal.
- All requests for withdrawal will be processed the same business day if received by City Index by 11am (Singapore time).

This form 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 City Index of any material changes in writing. City Index 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

Print Primary Name

Joint Customer Signature

Date

Print Joint Name

Please Fax all requests to +65 6826 9968 for processing.

Thank you for using City Index