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ASSET MOVEMENT AUTHORIZATION

This Asset Movement Authorization ("Authorization") is used to grant asset movement authorization to your Advisor. This Authorization allows Mid Atlantic Trust Company ("MATC") to accept your advisor's instruction (via email or issue on our website) to move assets from your MATC account per your standing instructions below, via a check to the account owner's address of record or an ACH/Wire to the banking information provided or from your standing ACH Pull instruction to the MATC account listed. In order to use with IRA Accounts, please also complete MATC Tax Withholding Election Form.

ACCOUNT INFORMATION

MATC Account Number	MATC Account Name	
Account Owner Name	Account Owner's SSN	
Joint Owner Name	Joint Owner's SSN	
Authorized Advisor/Broker Name		

METHOD OF PAYMENT

Please be advised that we do not allow for payments to be sent to third parties. The checks will be sent payable to the Account Owner and ACH/wires must be sent to the Account Owner's bank account. Please note that some banks have different ABA numbers for ACH and Wire transactions.

****Please include a copy of a voided check along with this form for verification.**

CHECK to Account Owner's mailing address of record (skip to next section)

ACH (complete instructions below) - please confirm if MATC is permitted to process ACH Pull (debits) from the above account. YES NO

Fed Wire (complete instructions below)

ABA#	Bank Name
Bank Account #	Bank Account Name
Type	OBI (For Fed Wire Only)
CHECKING SAVINGS	

AUTHORIZATION AND SIGNATURE

By signing this Authorization, you:

- Understand and acknowledge that you are creating a continuing Authorization to your Advisor/Broker, acting as your agent, to request payments to the instructions above. This Authorization can be terminated by you at any time by written notification to MATC.
- Understand that MATC and/or your Advisor/Broker may terminate any and all of the authorizations granted in this Authorization upon notice. The powers granted to your Advisor/Broker, acting as your agent, may be terminated if MATC is notified of your disability, incapacity, or death.
- Authorize MATC to follow the instruction of your Advisor/Broker to act as your agent with respect to the authorizations set forth above.
- Indemnify MATC and its agent(s), successors, parent company, affiliates, and employees and hold them free and harmless from any and all losses, liabilities, penalties, claims, and costs (including attorneys' fees and expenses) arising from following the instructions in this Authorization; or by reason of any action taken by MATC and its agent(s), successors, parent company, affiliates, and employees pursuant to instructions received from your Advisor/Broker.
- Understand that this Authorization and indemnity is in addition to (and in no way limits or restricts) any and all rights that MATC may have under any other agreements between MATC and you.
- Understand that MATC has no duty to and will not supervise or monitor any acts of your Advisor/Broker, acting as your agent.
- Acknowledge that MATC, in its discretion, may restrict your Advisor/Broker's ability to instruct the withdrawals specified above.
- Certify that the information supplied on this form is complete and accurate. You acknowledge that the ACH or Wire transactions must comply with United States Law.

Account Owner Name	
Account Owner Signature	Date:

Joint Account Owner Name	
Joint Owner Signature	Date:

*****Advisors: Please return completed form and voided check to: requests@macg.com or raise an issue on the MATC website*****