

CASHIERING/JOURNAL
INSTRUCTION FORM



Member FINRA/SIPC
Advisor A non-banking subsidiary of ZB, N.A.

Cashiering Instructions

Account Number	Account Name
RR Name and Number	
<input type="checkbox"/> Money Market Purchase/Redemption <input type="checkbox"/> Buy <input type="checkbox"/> Sell Fund Symbol: _____ Dollar Amount: _____	
<input type="checkbox"/> Check Request Dollar Amount: _____ <input type="checkbox"/> Mail (<i>All account holders signatures needed for a third party check</i>) <input type="checkbox"/> Overnight <input type="checkbox"/> Pick-up (<i>Third party checks are not available for pick-up</i>) Fee Charged to: <input type="checkbox"/> Rep <input type="checkbox"/> Customer <i>(Provide physical address for any accounts with PO Boxes)</i>	
Check to be made payable as follows: _____ _____ _____ _____	
<input type="checkbox"/> Other Request: _____ _____ _____	

Journal Instructions

Account Number	Account Name	<input type="checkbox"/> If the delivering account has PES, would you like the cost basis transferred to the receiving account?
To: Account Number	Account Name	<input type="checkbox"/> Are all of the assets being journaled to the receiving account? (If yes, account will be closed unless box below is
RR Number and Name		<input type="checkbox"/> Would you like the delivering account to remain open?
Money Fund or Cash Dollar Amount to be Journaled		
Share Amount to be Journaled	Security Description	CUSIP or Ticker Symbol
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Additional Instructions:		

Signatures

Account Holder's Signature	Date (Required)	Signature Guarantee (Required)
Joint Account Holder's Signature (<i>Required for a Joint Account</i>)	Date (Required)	

*Attach any necessary documentation to prove adequate signing authority (Death Certificate, Corporate Resolution, etc.)

Please send to Zions Direct Cashiering Department