CUSO Financial Services, L.P.
MEMBER NASD, SIPC

CUSO Financial Services, L.P. (CFS)
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Periodic Investment Program (PIP)

☐ **New request** ☐ **Cancel old PIP instructions - Set up new instructions** ☐ **Continue existing instructions adding additional mutual funds**

1. If you want to make periodic investments into a mutual fund held in your brokerage account, please complete this authorization form and sign it in the final section **- and -**
2. Attach an unsigned and voided personal check from your checking account or an account deposit slip from your savings account if using ACH.

First Name _____ Last Name _____ Social Security Number / Tax ID _____

Name of Co-Account Holder _____ Brokerage Account Number _____

For IRA' s Only: ☐ Current Year Contribution ☐ Previous Year Contribution

☐ **Funds to be withdrawn from my CFS brokerage account** ☐ **Funds to be withdrawn from my bank account**

Name of Credit Union or Bank _____ ABA / Routing Number (starts with 1, 2 or 3) _____

City _____ State _____ Bank Account Number _____

○ Checking - or -
○ Savings Account

Automatic Investment Plan: Please indicate the mutual fund(s) you would like to link to your account for the automatic investment plan:

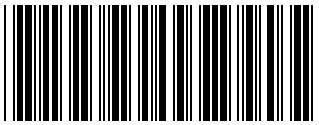
Frequency:

○ Monthly	○ Quarterly	○ Semi-Annually	○ Annually	Mutual Fund Symbol	$ Amount	Start Date	End Date
○ Monthly	○ Quarterly	○ Semi-Annually	○ Annually	Mutual Fund Symbol	$ Amount	Start Date	End Date
○ Monthly	○ Quarterly	○ Semi-Annually	○ Annually	Mutual Fund Symbol	$ Amount	Start Date	End Date

I (we) hereby authorize Pershing LLC to initiate 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 Pershing has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Pershing and my (our) Bank a reasonable opportunity to act on it.

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 the bank account, must accompany this authorization.

If using ACH, please adhere, with tape, an original voided check here. Do not staple.



PCPRACH

Signatures - Please sign this form <u>exactly</u> as your brokerage account is registered and include ALL required signatures from the bank account owners - both accounts should have at least one common owner.

X _____
BROKERAGE ACCOUNT OWNER DATE

X _____
BANK ACCOUNT OWNER (if different) DATE

X _____
BROKERAGE ACCOUNT OWNER DATE

X _____
BANK ACCOUNT OWNER (if different) DATE

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