



**Investors**europe

## WITHDRAWAL REQUEST FORM

ALL INFORMATION BELOW MUST BE TYPED OR WRITTEN CLEARLY AND COMPLETELY AND SIGNED TO AVOID ERRORS OR DELAYS IN PROCESSING. I.E IS NOT RESPONSIBLE FOR ERRORS MADE BY THE CLIENT. WITHDRAWAL REQUESTS WILL BE PROCESSED WITHIN FIVE (5) BUSINESS DAYS UPON OUR RECEIPT AND AUTHENTICATION. UNDER NO CIRCUMSTANCES WILL INVESTORSEUROPE MAKE OR RECEIVE PAYMENT(S) VIA A THIRD PARTY.

ACCOUNT NAME	
ACCOUNT NUMBER	
PHYSICAL ADDRESS	
CITY, STATE, COUNTRY AND ZIP CODE	
TELEPHONE NUMBER	EMAIL ADDRESS

WITHDRAWABLE AMOUNT IN US DOLLARS	
BANK ACCOUNT TITLE	BANK ACCOUNT NUMBER
BANK NAME	BANK ADDRESS
BIC/SWIFT CODE	IBAN NUMBER/ABA (ROUTING) NUMBER
OTHER INFORMATION	

INTERMEDIARY BANK ( Only if applies)	INTERMEDIARY BANK ADDRESS
BANK ACCOUNT TITLE	BANK ACCOUNT NUMBER
BIC/SWIFT CODE	IBAN NUMBER/ABA (ROUTING) NUMBER
OTHER INFORMATION	

SIGNATURE 1 (INDIVIDUAL ACCOUNT)	SIGNATURE 2 (JOINT ACCOUNT)
NAME: DATE:	NAME DATE
SIGNATURE 3 (INSTITUTIONAL)	SIGNATURE 4 (INSTITUTIONAL)
NAME DATE	NAME DATE