



**Trust Management, Inc.**

777 Main Street, Suite 3630  
Fort Worth, TX 76102  
(800) 580-2933 ~ (817) 335-8434 fax

**ASA Withdrawal Form**

Account Holder: \_\_\_\_\_

TMI ASA Account #: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_

\_\_\_\_\_

**Withdrawal Information:**

\_\_\_\_\_ 1. **Entire Account Balance of Cash and/or Assets.** Termination fee and/or Asset Registration fee(s) apply.  
Please register my assets as follows (Name, Address, SSN): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ 2. **Partial Account withdrawal.** Total amount requested: \$ \_\_\_\_\_ to be obtained from:  
\_\_\_\_\_ Funds in the money market (cash account)

**and / or**

\_\_\_\_\_ Transfer in-kind the following asset(s):

Asset Name/Info: \_\_\_\_\_ Shares: \_\_\_\_\_

Asset Name/Info: \_\_\_\_\_ Shares: \_\_\_\_\_

Asset Name/Info: \_\_\_\_\_ Shares: \_\_\_\_\_

Please register my assets as follows (Name, Address, SSN): \_\_\_\_\_

\_\_\_\_\_

**Method of Payment:**

\_\_\_\_\_ 1. One-time withdrawal to be made on the following date: \_\_\_\_\_

\_\_\_\_\_ 2. Scheduled withdrawals to be made \_\_\_\_\_ on \_\_\_\_\_ day.  
Frequency

\_\_\_\_\_ 3. Make Payments to: \_\_\_\_\_ Me directly via check;  
\_\_\_\_\_ Me directly via ACH fund transfer. A voided check must be attached showing the banks routing number and your bank account number. Additional fee(s) may apply.  
\_\_\_\_\_ Other: \_\_\_\_\_

**Signature(s):**

I certify that I am the proper party to receive payment(s) from this account and that all information provided by me is true and accurate. I expressly assume the responsibility for any adverse consequences, which may arise from this withdrawal, and I agree that the Custodian or Trustee shall in no way be held responsible.

\_\_\_\_\_  
Signature of Account Holder

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number