

Funds Withdrawal Request Form

Client's Name :

Account No.:

Instructions:

To request a withdrawal of funds, kindly fill out this form and send it via email to backoffice@migfx.com or fax it to **+41 32 722 81 01**.

*Please note that M I G Investments SA does not accept "third party" transfers. The beneficiary name must match the account holder's name.

Funds Withdrawal Request:

Please debit my/our account, the sum of,

in the following currency denomination:

USD	EUR	GBP	CHF	JPY	AUD	CAD
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

and remit the above amount to my/our bank account as per the details below:

Bank Name:.....

Bank Address:

Bank Sorting Code (BIC, Swift Code, ABA, routing no.):.....

Beneficiary's Name*:

Account No. or IBAN (IBAN is required for Clients with European Bank Accounts):

.....

Regular wire (2 – 5 business days) Express wire (1 – 2 business days, US \$ 30 fee)

Place and Date: Client's Signature: