ACM
A REFCO GROUP COMPANY

REFCO

ACM withdrawal of funds request form

First Name: _____

Last name: _____

Address: _____

Account number with ACM Advanced Currency Markets SA: _____

Please debit my account with the amount specified below:

Amount: _____ **Currency: USD** ☐ **EUR** ☐ **GBP** ☐ **CHF** ☐ **JPY** ☐

Date of payment: _____

If no currency is indicated, the transfer will automatically be executed in the denomination of the base account currency.

Please transfer the above stated amount to:

Beneficiary:

Account holder's bank name: _____

Bank address (including country): _____

_____

Beneficiary (must be the same as customer account holder): _____

_____

Full account number or IBAN: _____

Swift and/or ABA: _____

The customer authorises ACM to close out any open positions relative to his account with ACM.

Place and date: _____

Signature of account holder: _____

Please send this form via mail (50, rue du Rhône, CH-1204 Geneva, Switzerland) or via fax (+41.22.319.22.01) to ACM SA after signing it.