

FOREX WIZARD, INC.

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WITHDRAWAL FORM

By debiting my Saxo Bank account number _____, I hereby authorise Saxo Bank A/S to execute the following transfer/withdrawal on my behalf upon request.
Please sign this request and Fax it to Saxo Bank Cash Management Department at +45 39774200

Date _____

Customer Name _____

Account # or User Name _____

Withdrawal Amount _____

Beneficiary Name¹ _____

E-mail Address: _____

Beneficiary Bank name _____

ABA or SWIFT _____

Sort Code (If Applicable) _____

Account # _____

Bank Address _____

Correspondent Bank Information (if any) _____

Will your account be closed? ___ Yes ___ No

Any comments on our service? _____

Customer Signature X _____

¹ SAXO account holder only. Third party payments are not permitted.