

Check Request Form

This request will serve as authorization to send a one-time check disbursement from your Hewitt Financial Services account. The check will be made payable to the account holder(s) and mailed to the address of record.

This form cannot be used to request a check from a Retirement or Self-directed brokerage account.

ACCOUNT INFORMATION

Account Number:

Account Owner:

Phone Number:

Amount Requested:

DELIVERY METHOD

Overnight delivery will incur a \$12.00 fee.

Delivery: Regular Overnight

Signature Required: Yes No

All account holders please sign below. By signing you acknowledge that this is for a one-time check disbursement from your Hewitt Financial Services account.

Account Owner Signature

Date

Joint Account Owner Signature

Date

RETURN FORM TO:

Hewitt Financial Services
PO Box 563901
Charlotte, NC 28256-3901
Fax: 1.847.554.1444