

This request will serve as authorization to send a one-time check disbursement from your Alight Financial Solutions 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 Alight Financial Solutions account.

Account Owner Signature

Date

Joint Account Owner Signature

Date

**RETURN FORM TO:**

Alight Financial Solutions  
PO Box 563901  
Charlotte, NC 28256-3901  
Fax: 1.847.554.1444