

WITHDRAWAL FORM

Customer Name: _____	Customer ID #: _____	Amount: _____
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Address: _____	City: _____
State / Province: _____	Zip Code: _____
Country: _____	

Beneficiary Bank (Wire Transfer Only)	Intermediary Bank (If Necessary)
ABA or Swift Code: _____	ABA or Swift Code: _____
Bank Name: _____	Bank Name: _____
Bank Address: _____	Beneficiary Name: _____
Beneficiary Name: _____	Bank Account #: _____
Bank Account #: _____	For Further Credit To: (if applicable): _____

Withdrawal Method	Will Your Account be Closed?
<input type="checkbox"/> Check <input type="checkbox"/> Wire Transfer (\$40 Bank Fee)	<input type="checkbox"/> Yes <input type="checkbox"/> No

In order to withdraw funds or close an account, please clearly complete the necessary information above. The form must be signed and dated. Processing of withdrawal requests will generally be initiated within 2 business days of receipt. In order to avoid any delays please review your information carefully before submittal. Account holder is required to monitor account regularly, and ensure that available margin exists in the account prior to submitting this request, as such withdrawal may have an impact on existing open positions or trading strategy used. MadaFX and ODL Securities will not be responsible for errors made by the account holder.

I/We hereby represent that the information provided by me/us is true and correct. I/We further represent that I/we will notify MadaFX of any material changes in writing. MadaFX reserves the right, but has no duty, to verify the accuracy of information provided, and to contact various sources as it deems necessary.

Primary Account Signature: _____ Print Client Name: _____ Today's Date: MM / DD / YYYY	Joint Account Signature: _____ Print Client Name: _____ Today's Date: MM / DD / YYYY
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Please fax all requests to: +1-212-989-8328 / +44-87-0762-3212 or email to info@MadaFX.com