



Mail to: Archer Capital Management Group
300 Delaware Avenue,
Suite 210Wilmington, Delaware 19801

Fax to: +1 (302) 394-6931
Email: support@archerfund.com

For additional information please call toll-free: +1 (888) 740-8210 or visit us in the web at www.archerfund.com

Use this form to request a Withdrawal from your Archer Fund account. Complete and submit this form to Archer Capital Management Group at the address/fax/email indicated above. If you submit this form within ten business days of changing your address, we'll process the withdrawal on the appropriate date, but we'll hold the proceeds of the withdrawal for ten business days from the date of the change before mailing them to the new address.

1 Account Information

Owner Account Number

Owner's Name (First, M.I., Last),
Custodian or Trustee

Social Security Number/ID Number

Daytime Phone

Joint Owner's Name (First, M.I., Last) if any

2 Beneficiary information

Name of beneficiary (First, M.I., Last)

Street, Apt/Suite

City, State, Zip

Country

Daytime Phone

3 Amount of Withdrawal

Please tell us how much you wish to withdraw (you should verify the balance prior to requesting your withdrawal). The funds must be available for Withdrawal If the dollar amount requested is greater than the available balance, we will disburse only the amount available.

☐ One-time Withdrawal

\$

Amount

☐ Total Account Balance and Close Account

4 Payment Instructions

☐ **By check:** _____

A check payable to the Designated Beneficiary listed in Section 2

☐ **By wire:** _____

A wire payable to the Designated Beneficiary listed in Section 2

Bank Name

Bank Routing/ABA Number

Account Number

For Further Credit

Additional Details (if applicable) Instructions to be included with the wire transfer.

☐ **Correspondent (Intermediary)** _____

If the bank uses a correspondent bank, provide the information here. Correspondent bank information may not be required for all wires.

Correspondent Bank Routing/ABA Number

Correspondent Bank Name

☐ **Account is OUTSIDE the United States:** _____

Indicate if the recipient bank is outside the United States.

SWIFT Code

Country

If you are requesting instructions to send money to a financial institution in the United States or in a country different from the treaty country listed on your W-8, provide the reason below.

Reason 250 characters maximum (required)

5 Signature(s)

By signing this form

1) I certify that I am the Account Owner of the Account indicated in Section 1 and that the information contained on this withdrawal form is true, complete, and correct.

2) I authorize Archer Capital Management Group to make this withdrawal from my Account as indicated

Owner's Signature

Owner's Name

Date(MM/DD/YYYY)

Joint Owner Signature (if applicable)

Joint Owner Name (if applicable)

Date(MM/DD/YYYY)

IDENTIFICATION REQUIRED

Please provide a clear and legible copy of a government issued photo I.D. If a driver license is used, we require a copy of both the front and back of the license. In case bank wire please attach a voided check or deposit slip copy. If you do not have a voided check or deposit slip, please include a bank statement showing the names(s) on the account, address and account number.