

Withdrawal Form

To withdraw funds currently held at WorldWideMarkets, LTD, please fill out this form in its entirety, have all authorized persons sign below, and return via email to backoffice@worldwidemarkets.com or via fax to 1-800-886-8870. **By signing this form, the customer acknowledges that upon receipt, WorldWideMarkets reserves the right to request the Customer to close out existing positions and/or will liquidate all open positions on behalf of the customer.** Customer also acknowledges that WorldWideMarkets is not responsible for delays caused by unclear fields or errors in any of the entered information. **British Virgin Islands and International law prohibits WorldWideMarkets from accepting funds from or wiring funds to accounts whose owner name(s) does not match the name(s) on the Customer Account application and Customer Agreement.**

Account Holder Name: _____

Account #: _____

Amount (USD): _____ Entire Balance

Bank Wire Credit/Debit Card Other _____

Method Requested: (please select one)

Please note WorldWideMarkets will return funds in the same manner they were received.

Bank Wire - Fees may apply. *

Bank Account Holder Name _____ Swift Code _____

Bank Name _____ Bank Account # / IBAN _____

Comments, if any: _____

Credit / Debit Card - only for accounts funded via credit / debit card

- Funds withdrawn by credit card may not exceed the total deposit amount for that account. If a client's withdrawal amount is greater than the total credit card deposit, please provide full banking information above and WorldWideMarkets will wire transfer the excess funds.
- Funds withdrawn by Credit or Debit card will be returned to the card(s) used for the deposit.
- Funds are deposited into your credit account once your credit card merchant has debited the funds from our account. This process may take 5 to 10 business days to reflect on your credit card account balance. If you do not have online access to your credit card, it should appear in the next billing statement(s), dependent upon your card's billing cycle.

Primary Account Signature _____ Joint Account Signature _____

Print Name Date (MM/DD/YYYY) _____ Print Name Date (MM/DD/YYYY) _____