



FORM 09S: STOP REQUEST - RECURRING CASH WITHDRAWALS

Complete this form to request a STOP to monthly recurring cash withdrawals currently being distributed to you.

Recurring withdrawals are distributed to you monthly until your account balance reaches zero or you submit a completed Form 09S indicating you want the recurring payments to *stop*.

STEP 1: Personal Information

Full Legal Name: _____ DOB: _____ Age: _____

Social Security Number: _____ **OR** Tax ID Number : _____

Home Address: _____

Phone Number: _____ Email Address: _____

STEP 2: Indicate a STOP DATE for a recurring withdrawal agreement currently on file.

I am currently receiving a monthly recurring withdrawal payment for the amount of \$_____.

I am requesting that my FINAL PAYMENT for this recurring withdrawal be the payment taking place on the first business day of ____/____ (MM/YYYY).

Please STOP all future recurring withdrawal payments after the date above.

STEP 3: Signature and Acknowledgements

By signing this form, I authorize FCMM to stop distributing my current recurring withdrawal payments as specified in STEP 2; I understand that if I would like to initiate a *new* recurring withdrawal payment, I may do so by submitting a new Form 09R-Recurring Cash Withdrawal Request to FCMM, indicating a new applicable start date; and I also understand that FCMM requires receipt of this form in good order at least 2 weeks of the final payment date in order to process the request and stop future payments.

Participant Signature

Date

Please submit this completed form to FCMM by mail, fax, or email.

Mail:
FCMM Benefits & Retirement
901 East 78th Street
Minneapolis, MN 55420

Secure File Exchange: <https://fcmmbenefits.leapfile.net/>

Fax: (952) 853-8474

FOR FCMM OFFICE USE ONLY: FCMM Depositor #: _____ Received Date: _____ Processed by: _____ Processed Date: _____