

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**

Taxpayer Identification Number : _____ **AND** Country of issue: _____

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 or secure file exchange

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

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

FCMM USE ONLY: FCMM ID #: _____ Received Date _____ Processed by: _____ Processed Date: _____