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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 <u>monthly</u> until your account balance reaches zero or you submit a completed Form 09*S* 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 <u>future</u> 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! (electronic signatures not accepte	d) Date		
Please submit this completed form to FCMM using one of the methods below, preferably the secure file exchange			
Secure File Exchange: https://fcmmbenefits.leapfile.r	et/ Mail: FCMM Benefits & Retirement 901 East 78th Street Minneapolis, MN 55420		
FCMM USE ONLY			
No. Received in Good Order	Processed		