

**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/>