



Disbursement Form for Custodial Accounts

1 ACCOUNT DETAILS

Account Name	Midland Account Number
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2 RECIPIENT INFORMATION

Individual/Company Name	Email
EIN/Social Security Number (last four)	Mobile Phone

3 DISBURSEMENT DETAILS

Description of Disbursement: <input type="checkbox"/> Expense Payment (Provide copy of invoice) <input type="checkbox"/> Withdrawal (If by check, Midland will send to address on file)	Amount	Description (if applicable)
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4 FUNDING INSTRUCTIONS Please send funds via: ☐ WIRE ☐ CHECK ☐ ACH

For WIRE/ACH - Please complete the info below	For CHECK - Please complete the info below
Bank Name	Make Check Payable To
Account Holder Name	Mail Check To
ABA Routing Number Account Number	Address
For Credit To	City, State, Zip
<input type="checkbox"/> Check here if accompanying instructions will be provided	Send Check via: <input type="checkbox"/> Regular Mail <input type="checkbox"/> Overnight Mail <input type="checkbox"/> Cashier's Check <input type="checkbox"/> Hold for pick-up

5 ACKNOWLEDGEMENT & AUTHORIZATION

I hereby acknowledge and agree that I am solely responsible for these disbursement instructions. I shall hold harmless, protect, and indemnify the Custodian and the Administrator from and against any and all liabilities, losses, damages, expenses, penalties, taxes and charges that the Custodian or the Administrator may sustain or might sustain resulting directly or indirectly from this disbursement. I acknowledge that I have not requested that the Administrator and/or Custodian provide, and neither Administrator nor Custodian has provided any advice with respect to the expense payment directives set forth in this form.

▶ Account Holder/
Trustee Signature: _____ Date: _____

▶ Joint Account Holder/
Co-Tustee Signature: _____ Date: _____