

FIRST METRO SECURITIES BROKERAGE CORPORATION

REQUEST FOR WITHDRAWAL OF FUNDS

Date: _____

For Metrobank Account Holders

*Please auto-credit my settlement bank account for:

All Cleared Cash Balance

Desired Amount: P_____

For Non-Metrobank Account Holders

*Please deposit check to my bank account for:

All Cleared Cash Balance.

Desired Amount: P_____

Complete Bank Account Name: _____

Bank _____

Branch _____

Account number _____

Client's signature over printed name

First Metro Securities Account Code: _____

Cut Off Times: Request for withdrawal of funds is 12:00NN.

Autocredit to Metrobank account will be processed the following day

Checks will be deposited within two days

Notes: If the cleared balance is less than the desired amount, the cleared balance will be used for the auto-credit/withdrawal. Any non-Metrobank deposit fees will be deducted from the account. Please fax completed request form to 859-0699 or email a scanned copy with signature to customerservice@firstmetrosec.com.ph