



LEADING INVESTORS SINCE 1924™

Third Party Authorization Form

I, _____, authorize **St. Germain Investment Management** to send funds on my behalf out of Account # _____ in the amount of \$_____.

Please check applicable delivery instructions:

_____ **Check**
Check payable to: _____
Address: _____
(if different) _____

_____ **Wire (fee applies)**
ABA: _____
Acct#: _____
Bank Name _____
City, State _____

For the benefit of: _____
Reference # : _____
Additional Instr: _____

_____ **Account to Account Transfer**

From account #: _____
Receiving account#: _____

(Client Signature) (Client Signature)

(Client Signature) (Client Signature)