Henry Wealth Management, LLC

Systematic Contribution/Distribution Form

Submit

Account Owner Name

Joint Owner (*if applicable)*

- ☐ Non-IRA Account
- ☐ IRA Account
- ☐ New Systematic Option
- ☐ Change to existing Systematic Option

Symmetry	**CollegeBount*fund***	**American Funds**	**SEI**
Pacific Life	**Alliance Bernstein**	**Allmerica**	**Other**

Contributions

Frequency of Contributions	
☐ Monthly	☐ Semi-Annually
☐ Quarterly	☐ Annually

Amount of each contribution	**$**
Month to begin each contribution	

Distributions

Frequency of Distributions	
☐ Monthly	☐ Semi-Annually
☐ Quarterly	☐ Annually

Amount of each distribution	**$**
Month to begin each distribution	

Distribution Method

- ☐ Electronically to Bank (Complete Bank info below or attach voided check)
- ☐ By check to address of record
- ☐ To Third Party person or third party address (you will need to complete the information on the forthcoming form required for signature. Dependent on custodian, signature guarantee may apply)

Bank Information (required for systematic contributions)

Bank Name	Bank ABA (routing) Number
Account Name	Account Number

Upon receipt of your request our office will be in contact with you in regards to the form to be signed if required (dependant on custodian being used) and any additional information which may be required. You can print and fax this form to our office at 412.838.0204 or call with any questions at 412.838.0200.