



Early Pay Request Form

Please note: Wires must be submitted before 2:00 PM ET to ensure same day processing
Please also note: Alpine is unable to process Pre-Pays the last two business days of every month
3% pre-pay will apply, minimum \$300

Date: _____ Alpine Account Number: _____

Withdrawal Dollar Amount: _____

Provide a detailed explanation as to why the funds are needed prior to the trade settlement date for DTC eligible securities:

By signing below, I authorize Alpine Securities Corporation (Alpine) to act on all instructions provided by me and certify that all the information I provided above is correct. In addition, I agree to indemnify and hold harmless all parties acting on this form including Alpine, the introducing broker-dealer and their respective agents and employees (collectively, the parties) from any and all claims arising out of any party acting on the instructions in the Form, and acknowledge that the parties are not liable for any loss, expense, or cost arising out of my instructions.

Customer Approval:

Signature of Authorized Person Print Name Date

Registered Representative Approval:

Signature of Account Executive Print Name Date

For Office Use Only		
CFO Approval:		
_____ Chief Financial Officer Signature	_____ Print Name	_____ Date