Date	
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## **Accounting Department COL FINANCIAL GROUP, INC.**

2401B East Tower, Philippine Stock Exchange Centre, Exchange Road, Ortigas Center, Pasig City 1605 Philippines Tel. No. 6-515-888 Fax No. 634-6958 Email: withdrawals@colfinancial.com (Please print, fill out and sign this form then submit via fax or email to COL's Accounting Department)

## **REQUEST FOR WITHDRAWAL OF FUNDS\***

(*Funds can be withdrawn from free cash balances within 24-hours or from the proceeds raised 3 working days after a stock sale)				
Request:	Special Instructions:			
I/We hereby request for the withdrawal of the amount stated hereunder from my/our <b>COL Financial</b> account:	[ ] CHECK PICK UP (from COL Business Center, 2pm onwards) (Check payments will be made payable to Account Holders name/s ONLY) [ ] Please uncross checks for Encashment			
Amount in Figures:  PHP	[ ] DEPOSIT TO REGISTERED BANK ACCOUNT*  (*Bank account name/s should match your registered COL Account Name/s to facilitate bank deposits. Banks may reject deposits if they find inconsistencies with listed names, forcing us to release withdrawals through Check Pick Ups from our Business Center. Please make sure your bank account is still active as any failed attempt to deposit into a closed bank account will incur a service charge of P25.00)			
COL Account No:	<ul> <li>Note: To change or update your registered bank account with COL:</li> <li>1. Please log into your COL account and visit Home → Change Profile</li> <li>2. Click on the EDIT button under the Bank Details section</li> <li>3. Proceed to make updates/changes then click on Submit and Print</li> <li>4. Submit the printout (or scanned copy) to: "COL Operations Group"</li> <li>a. Email: stockcerts@colfinancial.com or Fax: (632) 687-5459</li> <li>b. Snail Mail: 2401B East Tower, Philippine Stock Exchange Centre, Exchange Road, Ortigas Center, Pasig City 1605 Philippines</li> </ul>			
Primary Account Holder Signature over Printed Name				
Secondary Account Holder Signature over Printed Name				
Note: Requests received after our 11:00 AM cut-off will be processed on the next banking day.	(Update requests in Bank Account details may take up to 48 to 72 hours to verify and amend.)			
AUTHORIZATION: CHECK PICK-UP THROUGH REPRESENTATIVE  I/We hereby authorize my/our representative whose printed name and specimen signature appear below, to receive the proceeds of this withdrawal in my/our behalf.				

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Representative's Printed Name	Representative's Specimen Signature	Customer's Signature	