



NON-IRA ACCOUNT CLOSURE REQUEST

409 Silverside Road, Suite 105
 Wilmington, DE 19809
 P: 877.226.2928
 F: 302.791.5680
 www.cfdbankingservices.com

PART 1: Account Information

Account Title:
Account Number:

PART 2: Return of Funds (if applicable)

- Mail a check to the address on record
- Mail a check to an alternate address* (Part 5 must be completed if this is checked)

Address:		
City:	State:	Zip:

PART 3: Closure Details

- Reason for the closure:
- Account owner is deceased (Death Certificate or other additional documentation may be required)
 - Account service issue, please explain: _____
 - Other, please explain: _____

PART 4: Signature - Required

The individual signing below must be an account owner or an authorized signer on the above-referenced account to close the account. Please refer to the "Account Closings" section of our Terms and Conditions for details.

Signature of Account Owner:	
Print Name:	Date: (mm/dd/yyyy)

PART 5: Notary Acknowledgment - * Required ONLY when the check is being mailed to an alternate address.

State of:	County of:
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On this, the ____ day of _____, 20____, before me _____, the undersigned Notary Public, personally appeared _____, known to me (or satisfactory proven) to be the person whose name is subscribed to this document, and acknowledged that said person executed the same for the purpose described within. In witness whereof, I hereto set my hand and official seal.

Notary Seal:	Signature of Notary Public:
	Notary Commission Expiration:

Please **mail or fax** this completed, signed form to the address below. Please note that if a notary is required because an alternative address is being used, an original copy of this document must be mailed.

cfdbanking Services
 Attn: Customer Service Center
 409 Silverside Road, Suite 105
 Wilmington, DE 19809
 Fax: 302.791.5680