

# Goldman Sachs Third Party Money Movement Authorization Form



This form is solely for sending a wire, check or internal transfer to a third-party recipient. Also, use this form to establish instructions to send a third-party payment on a future date.

## Required Steps:

1. Client completes this form for each payment to a third party.
  - a. If funds are not available, the distribution will occur after trades are settled.
2. Client approves all payments to third parties by logging into Goldman Sachs [here](#).
3. A full account distribution will close the account.

### OPTION 1

#### Send via **DocuSign**

Using DocuSign is the fastest way to complete your request. If DocuSign is not an option, please see other options.

[Sign via DocuSign](#)

### OPTION 2

#### Scan & Email

[support@freedomadvisors.com](mailto:support@freedomadvisors.com)

**Account Information**

Client Full Name

Client Username

Advisory Firm Name ("Authorized Person")

Account 1

Account 2

Account 3

Account 4

Account 5

Account 6

Account 7

Account 8

Account 9

Account 10

Account 11

Account 12

**Business Purpose**

Personal Loan Repayment

Tuition

Gift

Tax Payment

Vendor Payment

Trust Services

Bill Payment

Education Expenses

Trust Beneficiary Payment

Trustee Payment

Legal Fees

Escrow Payment

Property Non-Escrow

Luxury Transportation  
Plane / Auto / BoatLuxury Collectible  
Art / Wine

Other (Please Specify)

**Relationship to Recipient**

Parent

Child

Relative

Spouse

Lender

Custodian

Trustee

Beneficiary

Charitable Organization

Dependent for Tax Purposes

Other (Please Specify)

**Payment Type and Instruction**Check (if selected, complete [Check Details](#))Domestic Wire (if selected, complete [Domestic Wire Details](#))International Wire (if selected, complete [International Wire Details](#))ACH (if selected, complete [ACH Details](#))Internal Transfer (if selected, complete [Internal Transfer Details](#))

One-Time Payment, On Date

Periodic Payment

One Time, On Date

Weekly, every weeks

Monthly, every months

Yearly

Standing Instruction

Payment Amount (For One-Time and Periodic Payments Only)

\$

**Check Details**

Make Check Payable to

Memo

Residential or Business Street Address

Country (must be USA)

State/Province/Territory

City

Postal Code

**Domestic Wire Details**

Recipient Information Legal Entity Full Name    Beneficial Owner Legal Full Name		Account Residential or Business Street Address	
		City	State/Province/Territory
		Country (must be USA)	Postal Code
Checking Account Savings Account (Select one)	ABA Routing No (Confirm Wire-related ABA)	Financial Institution Name	Account Number

**International Wire Details**

Complete this section for the final recipient account, and complete the Intermediary section(s) for each intermediary account if necessary. If you are unsure if your firm is enabled for international wires, please reach out to us prior to submitting this form.

Final Recipient Information Legal Entity Full Name    Beneficial Owner Legal Full Name		Account Residential or Business Street Address	
		City	State/Province/Territory
		Country (Required)	Postal Code
Checking Account Savings Account (Select one)	SWIFT/BIC Code	Financial Institution Name	Final Beneficiary Account Number (Enter IBAN Account Number, if applicable)
For Further Credit			

**Intermediary Account Information 1**

Not Applicable    Required

**If using only Intermediary Bank 1**, the account number of this Intermediary 1 will be **the account for Intermediary 1 at the Final Recipient Bank**.  
**If using two Intermediary Banks**, the account number of this Intermediary 1 will be **the account for Intermediary 1 at the Intermediary 2 Bank**.

Intermediary Bank 1	SWIFT/BIC of Bank 1
	Intermediary Account Number 1 (Enter IBAN Account Number, if applicable)

**Intermediary Account Information 2**

Not Applicable    Required

The account number of this Intermediary 2 will be **the account for Intermediary 2 at the Final Recipient Bank**.

Intermediary Bank 2	SWIFT/BIC of Bank 2
	Intermediary Account Number 2 (Enter IBAN Account Number, if applicable)

**ACH Details**

Recipient Account Registration

Checking Account Savings Account (Select one)	ABA Routing No (Confirm ACH-related ABA)	Financial Institution Name	Account Number
--	--	----------------------------	----------------

**Internal Transfer Details**

Receiving GSCS Account (Taxable Accounts only)	Receiving GSCS Account Registration
--	-------------------------------------

## Authorization

### Standing Instruction Authorization

I/we authorize and instruct Folio Investments, Inc., doing business as Goldman Sachs Custody Solutions ("GSCS"), to accept instructions from the party identified on this standing authorization (such party being an "Authorized Person" and this document hereinafter is referred to as a "Standing Authorization") to effect transfers of funds from my/our account(s) to the recipient specified herein, including debiting my/our account(s), and to take any such other actions necessary to effect the instructions.

This Standing Authorization, any instructions provided herein, and any act or omission by GSCS pursuant to this Standing Authorization are subject to the terms and conditions of the GSCS Customer Agreement, which is available on GSCS' website. Upon acceptance of this Standing Authorization, GSCS will accept and follow instructions from the Authorized Person without seeking your prior approval. GSCS reserves the right to refuse to act on any such instruction. This Standing Authorization will remain in full force and effect until you provide GSCS a written modification or termination and GSCS has had an opportunity to implement the modification or termination.

**All account owners and co-owners must sign this Standing Authorization. If you have Power of Attorney ("POA") over an account, you must attach the POA designation document to this document.**

### One-Time and Periodic Payment Authorization

I/we authorize GSCS to accept instructions from the party identified on this one-time and periodic payment authorization (such party being an "Authorized Person" and this document hereinafter is referred to as an "Authorization") to effect transfer(s) of funds from my/our account(s) in the manner specified herein, including debiting my/our account(s), and to take any such other actions necessary to effect the instructions.

This Authorization, any instructions provided herein, and any act or omission by GSCS pursuant to this Authorization are subject to the terms and conditions of the GSCS Customer Agreement, which is available on GSCS' website. GSCS reserves the right to refuse to act on any such instruction. This Authorization will remain in full force and effect until you provide GSCS a written modification or termination and GSCS has had an opportunity to implement the modification or termination.

**All account owners and co-owners must sign this Authorization. If you have POA over an account, you must attach the POA designation document to this document.**

Signature	Date
-----------	------

Account Owner/ Custodian / Trustee Name
---

Signature	Date
-----------	------

Account Owner/ Custodian / Trustee Name
---

### Advisor Attestation

Authorized Person certifies it has reviewed with the account owner(s) the information provided in this document and that such information is true and accurate. Authorized Person acknowledges that GSCS will follow the instructions presented herein and that any act or omission by GSCS in reliance on this document and the information presented herein is governed by the Brokerage and Custody Services Agreement, or similar agreement, between Authorized Person and GSCS, including the limitation of liability and indemnification provisions.

Signature	Date
-----------	------

Advisor Printed Name ("Authorized Person")
--

Please note: The IRS website states that, generally, periodic payments are made in installments at regular intervals over a period of more than 1 year (for example, monthly pension or annuity payments) that are not eligible rollover distributions, and that periodic payments include substantially equal payments made at least once a year over the life of the employee and/or beneficiaries or for 10 years or more. In contrast, the use of the word "Periodic" in this document references a repeating payment where the amount and/or frequency of the payment can be changed or deleted.