

# Advisor Payment Attestation

Use this form, with a signed payment instruction from your client to verify that a payment is authorized by the account owner/authorized signatory, to eliminate the requirement for GSCS to call the client to verify the payment instruction. **For taxable accounts only.**

**Instructions:**

1. Provide one form for each payment type.
2. This payment instruction will only be accepted when submitted as a PDF to the Secure Upload function within our advisor site. Select **Advisor Attestation Form** for the document type and note the reason for the request in the **Comments** box, after you have selected the client and account.

**Important Notes:**

- **DO NOT USE THIS FORM** for payments that are authenticated online.
- If the requested payment is from an Individual Retirement Account (IRA), use the IRA Distribution form — not this form
- If the request to transfer to another account **held by us is related to an IRA, death or divorce**, use the Internal Account Transfer Form — not this form.

Account Information				
Client Full Name				
Client Username		Advisory Firm Name ("Authorized Person")		
Account Number				
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 / Boat	Luxury 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 <a href="#">Check Details</a> )		ACH (if selected, complete <a href="#">ACH Details</a> )		Domestic Wire (if selected, complete <a href="#">Wire Details</a> )
Internal Transfer (if selected, complete <a href="#">Internal Transfer Details</a> )		International Wire (if selected, complete <a href="#">International Wire Details</a> )		
Payment Amount				
\$				

<b>Check Details</b>			
Make Check Payable to		Memo	
Residential or Business Street Address			
Country (must be USA)	State/Province/Territory	City	Postal Code

<b>Domestic Wire Details</b>			
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 Number (Confirm Wire)	Financial Institution Name	Account Number

<b>International Wire Details</b>			
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			

<b>Intermediary Account Information 1</b>		Not Applicable	Required
If using only Intermediary Bank 1, the account number of this Intermediary 1 will be <b>the account for Intermediary 1 at the Final Recipient Bank.</b> If using two Intermediary Banks, the account number of this Intermediary 1 will be <b>the account for Intermediary 1 at the Intermediary 2 Bank.</b>			
Intermediary Bank 1		SWIFT/BIC of Bank 1	
		Intermediary Account Number 1 (Enter IBAN Account Number, if applicable)	

<b>Intermediary Account Information 2</b>		Not Applicable	Required
The account number of this Intermediary 2 will be <b>the account for Intermediary 2 at the Final Recipient Bank.</b>			
Intermediary Bank 2		SWIFT/BIC of Bank 2	
		Intermediary Account Number 2 (Enter IBAN Account Number, if applicable)	

<b>ACH Details</b>			
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

**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")