



GenXchange
investment club
CAPITAL ACCOUNT WITHDRAWAL

Name: _____ Date: _____

Address: _____ Member Since: _____

City: _____ State: _____ Zip: _____

Please fill out the dollar amount or percentage. Note that withdrawals can take up to 90 days (120 days for full withdrawal) to process from the first valuation date after the request is received.

Dollar Amount Requested: _____

Percentage of Capital Account Requested: _____

Is this form being filled out due to an involuntary removal from the club? ____ If so, please attach all violation documentation. In the case of death, please attach proof. If unable to obtain a signature, 2/3 of the membership must sign.

By signing this form, you acknowledge that you will still be held responsible for any taxable income you received. Please submit a partnership termination form to the club if the balance your capital account is being withdrawn. Failure to submit a written request of termination can result in delays, fines and penalties.

Signature Date

Received by: Signature Date

Processed by: Signature Date

FOR GenXchange USE ONLY:

Value of Account on day processed:	Penalty assessed, if any:	Amount of withdrawal:
Amount available for withdrawal:	Payment Mailed:	Payment made to:
Payment Method: _____ Check _____ Cash _____ Petty Cash _____		_____ Stock / # of Shares

Full Capital Account Withdrawal Requested (Yes / No). If Yes, make sure a Membership Termination form has been filed.