

**Insured Cash Sweep®¹, or ICS®¹,
Customer Transaction Request Form**

Primary Customer Name:

Primary Owner Tax Number ID:

Secondary Customer Name (if applicable):

Secondary Owner Tax Number ID (if applicable):

Legal Account Title:

Institution Transaction Account No.:

Transaction Reference No. (optional):

Transaction Type:

Transaction Amount:

Notes:

¹Funds may be submitted for placement only after entering into an ICS Deposit Placement Agreement with us.

For ICS savings option customers ONLY: You may use up to **SIX** Program Withdrawals per month. To remain within this limit, you should satisfy yourself that the Triggering Events for Program Deposits and Program Withdrawals are appropriate in light of your anticipated day-to-day activity in the Transaction Account.

If you have any updates to exclusions, please contact Deirdre Tumm at dtumm@sfbank.com or (715) 930-7025.

Signatures:

Customer Signature

Date

Institution Signature

Date

