



TRANSACTION REQUEST FORM

CUSTOMER INFORMATION

Type of Transaction: Withdrawal External Transfer Internal Transfer

Type of Account: Individual / Joint Business

Account Owner 1
Last Name, First Name:

Account Owner 2
Last Name, First Name:

Business Name:
(If Applicable)

Phone Number:

E-mail:

Date of Request:
(MM/DD/YY)

Requested by Authorized Signer:

Sprott Money Order Number(s):

Sprott Money Account Number:

RELEASE / TRANSFER TO

Last Name,
First Name:

Account Number:
(if applicable)

Address:

Province / State:

Country:

City:

ZIP / Postal Code:

Product	Serial No. (if applicable)	Quantity	Fineness	Internal use only		
				Out	In	Initials

Additional Product Information / Special Instructions:

SHIPPING PREFERENCES

Shipping by: FedEx Canada Post Armored Courier UPS

SIGNATURE(S)

Account Owner 1:

Account Owner 2:

Date:
(MM/DD/YY)

Date:
(MM/DD/YY)

Please send completed form via mail, email, or fax

SPROTT MONEY LTD.

Mailing Address: 130 Queens Quay East, Suite 1224,
Toronto, Ontario M5A 0P6, Canada

Phone Number: 416-861-0775

Email Address: storage@sprottmoney.com

Fax: 416-861-9855

INTERNAL USE ONLY

Notes: _____ SM Account No.: _____

SM employee #1: _____ SM employee #2: _____