



Loan Fund Redemption Request

Investment Owner Name: _____

Investment Number: _____

Redemption Amount: _____

Payment Method (chose one):

Check

Mailing Address: _____

Wire *(Please note: all wires under \$20,000.00 will be assessed a \$20.00 fee.)*

Bank Name: _____

Bank City and State: _____

Bank ABA Routing Number: _____

Bank Account Number: _____

Owner Signature

Date

Co-owner Signature (Two signatures required for institutional investors)

Date

Fax Form to: AG Financial Solutions: 417.520.3606

Mail Form to: AG Financial Solutions
1661 N. Boonville Avenue
Springfield MO 65803