

Please return via email to [info@IDS-Delaware.com](mailto:info@IDS-Delaware.com) or via Fax to 302.322.6870

|                                                                                          |                                                                                           |
|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| Date of Request: _____<br>Your Company Name: _____<br>Your Reference No. (if any): _____ | From Account / Depositor / Carrier :<br>Name: _____ IDS Acct No. _____<br>(If applicable) |
|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Type of Service (select only one &amp; provide amplifying info below)</b><br><input type="checkbox"/> Internal Transfer <input type="checkbox"/> Receive Product For Account<br><input type="checkbox"/> US Postal Service <input type="checkbox"/> USPS Express<br>FedEx <input type="checkbox"/> Overnight <input type="checkbox"/> 2-Day <input type="checkbox"/> Ground   International (see below)<br>UPS <input type="checkbox"/> Overnight <input type="checkbox"/> 2-Day <input type="checkbox"/> Ground   International (see below)<br><input type="checkbox"/> Direct Release to Company Agent / Customer<br><input type="checkbox"/> Other (describe): _____ | <input checked="" type="checkbox"/> Transfer <input type="checkbox"/> Release <input type="checkbox"/> Deliver To Account OR Addressee:<br>Name: _____ IDS Acct No. _____<br>Delivery Address (if Applicable):<br>_____<br>_____<br>_____ |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>International Shipment</b> Fedx / UPS Acct No. _____<br>Recipient Tel No: _____ Harmonized Code: _____ Exemption Code (if applicable): _____ |
|-------------------------------------------------------------------------------------------------------------------------------------------------|

| Product | Brand | Serial No. | Quantity | Gross Tr. Oz. | Fineness | For Depository Use Only |    | Trans No |          |
|---------|-------|------------|----------|---------------|----------|-------------------------|----|----------|----------|
|         |       |            |          |               |          | Vault                   |    | Date     | Initials |
|         |       |            |          |               |          | OUT                     | IN |          |          |
|         |       |            |          |               |          |                         |    |          |          |
|         |       |            |          |               |          |                         |    |          |          |
|         |       |            |          |               |          |                         |    |          |          |
|         |       |            |          |               |          |                         |    |          |          |
|         |       |            |          |               |          |                         |    |          |          |

|                                 |
|---------------------------------|
| Additional Product Info : _____ |
|---------------------------------|

|                                |
|--------------------------------|
| Additional Instructions: _____ |
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|                                                            |                                                                 |                             |
|------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------|
| <b>Authorized Signature(s):</b><br><br>1. _____ / 2. _____ | DIRECT RELEASE: Date: _____<br>Released To: _____<br>/S/: _____ | For IDS Use:<br>CSO Initial |
|------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------|