

Instructions: Please complete this form if you would like the MOSIP Client Services Group to (1) initiate a transaction to/from your MOSIP account using pre-existing banking instructions or (2) notify the Program of an incoming wire. After completion, please fax this form to the MOSIP Client Services Group at **1-888-535-0120**.

INVESTOR INFORMATION: (Please enter the Investor's name and Taxpayer Identification Number.)

Investor Name: _____ (Name that appears on Program records) TIN: _____ (Taxpayer Identification Number)

TRANSACTION TYPE: (Please select a transaction type and complete the detail instructions below.) (* = Optional fields)

WIRE Purchase (Your Entity will wire the requested amount **TO** the Program on the date listed below in order to purchase shares.)

MOSIP Account #: _____ Transaction Date: _____
 \$ Amount: _____ Sending Bank Name: _____

WIRE Redemption (The requested amount is to be wired **FROM** the Program to the pre-existing wire instructions listed below.)

ACH Purchase (The requested amount is to be transferred **TO** the Program using pre-existing ACH instructions and available on the next business day.)

ACH Redemption (The requested amount is to be transferred **FROM** the Program to the pre-existing ACH instructions and available on the next business day.)

(The instructions below must be on file with the Program. If you want to establish a **NEW** instruction, you must complete the **ACH Setup** form or the **Wire Setup** form and fax it to the MOSIP Client Services Group.)

MOSIP Account #: _____ Transaction Date: _____
 Bank Name: _____ \$ Amount: _____
 Bank Account #: _____ Beneficiary Name: _____
 ABA #: _____ *Beneficiary Account #: _____
 *Nickname: _____ *Beneficiary Details: _____

TRANSFER (Money is to be transferred by the MOSIP Client Services Group from one account to another.)

From MOSIP Account #: _____ To MOSIP Account #: _____
 Transaction Date: _____ \$ Amount: _____

SIGNATURE: (Please have a Contact authorized per Program records sign below.)

Authorized Signature _____ Date _____ Phone # _____
 Print or Type Name of Authorized Signatory _____ Title/Position _____ Email Address _____

Any document received by email will not be accepted. Please send by fax or mail.

FAX TO: MOSIP Client Services Group
1-888-535-0120

MAIL TO: MOSIP Client Services Group
P.O. Box 11760
Harrisburg, PA 17108-1760

PROGRAM USE ONLY

V2015.12	DATE	INITIALS
Processed		
Confirmed		