

**Instructions:** Please complete this form to initiate a transaction to/from your MOSIP account using pre-existing banking instructions, to request a stop payment, or to notify the Program of an incoming wire. Submit this form through Connect, or fax or mail this form to the fax number or address at the bottom of the page.

**INVESTOR INFORMATION:** (Please enter Investor's name.)

**Investor Name:** \_\_\_\_\_ **TIN:** \_\_\_\_\_  
(Name that appears on Program records) (Taxpayer Identification Number)

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

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

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

The wire or ACH instruction referenced below must already exist with the Pool. To set up new instructions, complete and submit either the **Wire Setup** or **ACH Setup** instruction form. (\* = Required fields)

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

\*MOSIP Account #: \_\_\_\_\_ \*Transaction Date: \_\_\_\_\_  
 \*Bank Name: \_\_\_\_\_ \*Transaction \$ Amount: \_\_\_\_\_  
 \*Bank Account #: \_\_\_\_\_ \*Legal Account Owner: \_\_\_\_\_  
 \*ABA or Routing #: \_\_\_\_\_ Further Credit Account #: \_\_\_\_\_  
 Nickname: \_\_\_\_\_ Further Credit to/Addenda Information: \_\_\_\_\_

**TRANSFER** (Shares are to be transferred by the MOSIP Client Services Group from one account to another within the same share class.)

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

**SIGNATURE:** (Please have a Contact, who is authorized per Program records to initiate purchases and redemptions of shares, sign below.)

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone # \_\_\_\_\_

Print or Type Name of Authorized Signatory \_\_\_\_\_ Title/Position \_\_\_\_\_ Email Address \_\_\_\_\_

**Any document containing sensitive information received by email will not be accepted. Please send by uploading through Connect, fax, or mail.**

<b>SEND VIA CONNECT:</b>	Log in to Account Access	<b>FAX TO:</b>	MOSIP Client Services Group	<b>MAIL TO:</b>	MOSIP Client Services Group
<i>Existing Connect</i>	Click <input checked="" type="checkbox"/> Secure Contact		1-888-535-0120		P.O. Box 11760
<i>Users Only</i>	Select file to upload - Send message				Harrisburg, PA 17108

PROGRAM USE ONLY	
V2022.07	INITIALS
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