



PARTICIPANT TO PARTICIPANT TRANSFER SETUP

Questions? Call 1-877-466-4523

Instructions: Complete this form **ONLY** if you would like the MILAF+ Client Services Group to add or remove Participant to Participant Transfer Instructions. After completion, submit this form through Connect, or fax or mail this form to the fax number or address at the bottom of this page.

Note: This form is only for Participant to Participant Transfers, which are transfers from your MILAF+ **Cash Management Class** Account(s) to another Investor's MILAF+ **Cash Management Class** Account(s) within the same investment option. MILAF+ encourages you to notify the Receiving Investor(s) regarding the nature of each Participant to Participant Transfer. Your new Participant to Participant Transfer Instructions may take the MILAF+ Client Services Group up to 24 hours to verify and set up on your Account. The instructions and authorized signature below permits the MILAF+ Client Services Group, per your direction, to establish transfer instructions to move money from your MILAF+ Account(s) **Cash Management Class** to another Investor's MILAF+ **Cash Management Class** Account(s).

SENDING INVESTOR INFORMATION: (All fields in this section must contain Sending Investor information ONLY.)

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

List the MILAF+ Cash Management Class Account number(s) to which this form applies:

- | | | |
|----------|----------|----------|
| 1. _____ | 4. _____ | 7. _____ |
| 2. _____ | 5. _____ | 8. _____ |
| 3. _____ | 6. _____ | 9. _____ |

RECEIVING INVESTOR INFORMATION: (All fields in this section must contain Receiving Investor information ONLY.)

Add	Remove	MILAF+ Investor Name	MILAF+ Cash Management Class Account Number
		MILAF+ Investor Name	MILAF+ Cash Management Class Account Number
		MILAF+ Investor Name	MILAF+ Cash Management Class Account Number
		MILAF+ Investor Name	MILAF+ Cash Management Class Account Number
		MILAF+ Investor Name	MILAF+ Cash Management Class Account Number
		MILAF+ Investor Name	MILAF+ Cash Management Class Account Number
		MILAF+ Investor Name	MILAF+ Cash Management Class Account Number
		MILAF+ Investor Name	MILAF+ Cash Management Class Account Number
		MILAF+ Investor Name	MILAF+ Cash Management Class Account Number
		MILAF+ Investor Name	MILAF+ Cash Management Class Account Number
		MILAF+ Investor Name	MILAF+ Cash Management Class Account Number

CERTIFICATION & SIGNATURE: (Please have a Contact, who is authorized per Fund records to update banking instructions, sign below.)

I hereby certify that I have obtained authorization from the Receiving Investor(s) to initiate transfers to the MILAF+ Account(s) listed above.

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.

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

FUND USE ONLY	
V2022.04	INITIALS
Processed	
Confirmed	