



Wire Setup Instructions

Questions? Call 1-877-466-4523

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

Note: This form is only for wire instructions. Wire transfers are same-day electronic transfers of funds. Your new wire instruction may take the MILAF+ Client Services Group up to 24 hours to verify and set up on your Account. Please take this into consideration when requesting a transaction. The wire instructions and authorized signature below permits the MILAF+ Client Services Group, per your direction, to move money from MILAF+ to the institution specified below.

INVESTOR INFORMATION: (Please enter your Entity's name and Tax Identification Number.)

Investor Name: _____
(Name that appears on Fund records)

TIN: _____
(Taxpayer Identification Number)

INSTRUCTION DETAIL: (Please select an action type and complete the detail instructions below.) (* = Required fields)

ACTION TYPE:

Add Remove

BANKING INFORMATION:

*Bank Name: _____

*Bank Account #: _____

*Bank City: _____

*Legal Account Owner: _____

*Bank State: _____

Further Credit Account #: _____

*Wire ABA or Routing #: _____

Further Credit to: _____

Nickname: _____

(Unique name to identify this instruction)

Please add/remove the above instructions to/from the Account(s) listed below: (Please list the specific MILAF+ Account(s) below.)

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

WIRE REDEMPTION: (Complete this section to initiate a transaction using the new instruction above. Transactions may take 24 hours to process.)

MILAF+ Account #: _____ Share Class: MILAF+ Cash Management

Transaction Date: _____ MAX

Transaction \$ Amount: _____

SIGNATURE: (Please have a Contact, who is authorized per Fund 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.

SEND VIA CONNECT: Log in to Account Access
Existing Connect Click Secure Contact
Users Only 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	