



Questions? Call 1-877-466-4523

ORDER FORM

(CHECKS – ENVELOPES)

Instructions: Complete this form to order checks from MILAF+. Please fax the completed form to the MILAF+ Client Services Group at 1-888-535-0120.

ACCOUNT and ORDER TYPE: (Please fill this section out completely.)

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

TIN #: _____
(Taxpayer Identification Number)

MILAF+ Account #: _____
(Account # that checks will clear out of)

New Order (For new checks, please complete the Checkwriting Authorization form and send along with this document.)

Reorder (Please attach a voided check or a copy of the reorder form)

CHECK DETAIL: (Please complete the check detail options below.) (* = Optional)

- 1. Pick a style: 3-Page Business (Manual) Quantity: 300 600 Other: _____
- 3-Page Business (Laser) Quantity: 250 500 Other: _____
- Classic 50 (Blue Only) Quantity: 50 100
- Laser Checks Quantity: 250 500 Other: _____

Laser Check Placement: Top Middle Bottom

2. Pick a color: Blue Green Burgundy Tan

3. How many signature lines are required on each check? 1 2 3 (Not an option for Classic 50 orders)

4. What is the starting check number? _____ (If not provided, #101 will be the starting check number.)

* Check this box if reverse order is desired:

CHECK PERSONALIZATION: (This information will appear on the top left-hand corner of each check. Custom logos are not permitted.)

Entity's Name: _____

MILAF+ Account Title: _____

Personalization: _____

Personalization: _____

Personalization: _____

ENVELOPES: (Available for Laser Checks only.)

- Pick a style: Self-Sealing Quantity: 500 1000 Other: _____
- Regular Gum Seal Quantity: 500 1000 Other: _____

SHIPPING INFORMATION: (Allow 3 days for processing the order, in addition to shipping time.)

Shipping Method:

Mailing Address:

Standard UPS Ground delivery (Allow 2 to 4 weeks)

Attention to: _____

Rush Shipment (Additional charges paid by Investor)

Physical Address: _____

Fastrack \$29.95 Overnight

(No P.O. Box) _____

SIGNATURE: (Please have a Contact, who is authorized per Fund records to initiate purchases and redemptions of shares, complete and 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: MILAF+ Client Services Group
1-888-535-0120

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

FUND USE ONLY

V2015.10	DATE	INITIALS
Processed		
Confirmed		