



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/remove** wire instructions. After completion, fax this form to the Client Services Group at **1-888-535-0120**.

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 the Investor'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.) (* = Optional fields)

ACTION TYPE:

ADD REMOVE

BANKING INFORMATION:

Bank Name: _____

Bank Account #: _____

Bank City: _____

Beneficiary Name: _____

Bank State: _____

*Beneficiary Account #: _____

Wire ABA or Routing #: _____

*Beneficiary Details: _____

*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. _____ |

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

Account #: _____ Transaction Date: _____ \$ Amount: _____

Share Class: Cash MAX Transaction Type: Redemption (Move funds from my MILAF+ account)

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 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		