



SEND VIA CONNECT:

Existing Connect

Users Only

Log in to Account Access

Click ☑ Secure Contact

Select file to upload - Send message

Questions? Call 1-877-466-4523

(CHECKS - ENVELOPES)

FUND USE ONLY

INITIALS

V2022.10

Processed

Confirmed

<u>Instructions</u>: Complete this form to order checks from MILAF+. Submit this form through Connect, or fax or mail this form to the fax number or address at the bottom of the page.

ACCOUNT and ORDER TY	PE: (Please fill this section out comple	etely.)				
Investor Name:					TIN #:	
investor Name.	(Name that appears on Fund records)				ΠΙΝ π.	(Taxpayer Identification Number)
MILAF+ Account #:						
	(MILAF+ Account # that checks will clear out of)					
New Order						
Reorder (Please o	attach a voided check or a copy of t	he reorder form)				
CHECK DETAIL: (Please com	nplete the check detail options below.	/* - Ontional)				
			200	500	0.1	
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	Otherw	
	Laser Checks	Quantity:	250	500	Other:	
	Laser Check Placement:		iaie	Bottom		
2. Pick a color:	Blue Green Burgund	•				
3. How many signature lines are required on each check? 1 2 3 (Not an option for Continuous Contin					•	
4. What is the starting check number? (If not provided, #1001 will be the starting check number.)* Check this box if reverse order is desired:						
* Check this box if <i>re</i>	verse order is desired:					
CHECK PERSONALIZATION	N: (This information will appear on the	e top left-hand corner of	each check.	Custom log	os are not permitt	ed.)
Entity's Na	me:					
MILAF+ Account T						
Personalizat						
Personalizat						
Personalizat	ion:					
ENVELOPES: (Available for I	Jacor Chacks only \					
Pick a style:	Self-Sealing	Quantity: 500	100			
	Regular Gum Seal	Quantity: 500	100	00 Other:	<u> </u>	
SHIPPING INFORMATION	: (Most orders will be processed and s	hinned in 7 - 10 husines	s days. Addit	tional charge	s paid by Investor.	
	(ррош				
Shipping Method:	nd delivery (Allow 2 to 4 weeks)		Attantion t		ivialling Add	ress: (No P.O. Box)
		Attention to:				
Rush Shipment (Rush Orders charges are paid by Investor) Physical Address:				SS:		
Fastrack \$	339.95 Overnight					
SIGNATURE: (Please have a	Contact, who is authorized per Fund re	ecords to initiate purcha	ses and rede	emptions of s	hares, complete a	nd sign below.)
				•	•	
Authorized Signature	Date				Phone #	
Print or Type Name of Authori	zed Signatory Title/Pos	sition			Email Address	

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

MILAF+ Client Services Group

1-888-535-0120

MAIL TO:

MILAF+ Client Services Group

P.O. Box 11760

Harrisburg, PA 17108

FAX TO: