

**Instructions:** Complete this form to order deposit tickets, endorsement stamps, and/or re-inking fluid. 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 TYPE: (Please fill this section out completely.)**

Investor Name: \_\_\_\_\_  
(Name that appears on Fund records)

TIN: \_\_\_\_\_  
(Taxpayer Identification Number)

MILAF+ Account Number: \_\_\_\_\_  
(MILAF+ Account number for deposits)

**New Order**

**Reorder** (Please attach a copy of a current deposit ticket.)

**ITEM DETAIL: (Please select the appropriate item and detail.)**

**Deposit Tickets**

Style: 2-Part Bound Booklet (Standard)      3-Part Bound Booklet

Quantity: 200      400      Other: \_\_\_\_\_

**Endorsement Stamp(s)** (Additional charges paid by Investor)

Quantity: 1      2      Other: \_\_\_\_\_

**Re-inking Fluid** (Additional charges paid by Investor)

Quantity: 1      2      Other: \_\_\_\_\_

**CAPTIONS: (Please fill this section out completely.)**

**Deposit Tickets**

**Personalization**

**MICR Line**

Investor Name: \_\_\_\_\_  
Account Subtitle: \_\_\_\_\_  
Personalization: \_\_\_\_\_  
Personalization: \_\_\_\_\_  
Vault Number: \_\_\_\_\_ (If applicable)

Aux Number: \_\_\_\_\_  
Fifth Third Bank Routing Number: \_\_\_\_\_  
Fifth Third Bank Account Number: \_\_\_\_\_

**Endorsement Stamp(s)**

Pay To The Order of: \_\_\_\_\_ (Fund Investor Name)

Subtitle (Location): \_\_\_\_\_ (Fund Account Subtitle or Location)

Fifth Third Bank Acct Number: \_\_\_\_\_ (Fifth Third Bank Account Number deposited into)

**SHIPPING INFORMATION: (Most orders will be processed and shipped in 7 - 10 business days. Additional charges paid by Investor.)**

**Shipping Method:**

Standard UPS Ground delivery (Allow 2-4 weeks)  
RUSH SHIPMENT (Additional charges paid by Investor)  
Fastrack \$39.95      Overnight

**Mailing Address: (No P.O. Box)**

Attention to: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
\_\_\_\_\_

**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 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**

V2022.10	INITIALS
Processed	
Confirmed	