

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

Note: This form is only for Participant to Participant Transfers, which are transfers from your MILAF+ **Cash Management Class** Account(s) to another Investor's MILAF+ **Cash Management Class** Account(s) within the same investment option. MILAF+ encourages you to notify the Receiving Investor(s) regarding the nature of each Participant to Participant Transfer. Your new Participant to Participant Transfer Instructions may take the MILAF+ Client Services Group up to 24 hours to verify and set up on your Account. The instructions and authorized signature below permits the MILAF+ Client Services Group, per your direction, to establish transfer instructions to move money from your MILAF+ Account(s) **Cash Management Class** to another Investor's MILAF+ **Cash Management Class** Account(s).

SENDING INVESTOR INFORMATION: (All fields in this section must contain Sending Investor information ONLY.)

Investor Name: _____ TIN: _____
(Name that appears on Fund records) (Taxpayer Identification Number)

List the MILAF+ Cash Management Class Account number(s) to which this form applies:

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

RECEIVING INVESTOR INFORMATION: (All fields in this section must contain Receiving Investor information ONLY.)

Add	Remove		
		MILAF+ Investor Name	MILAF+ Cash Management Class Account Number
		MILAF+ Investor Name	MILAF+ Cash Management Class Account Number
		MILAF+ Investor Name	MILAF+ Cash Management Class Account Number
		MILAF+ Investor Name	MILAF+ Cash Management Class Account Number
		MILAF+ Investor Name	MILAF+ Cash Management Class Account Number
		MILAF+ Investor Name	MILAF+ Cash Management Class Account Number
		MILAF+ Investor Name	MILAF+ Cash Management Class Account Number
		MILAF+ Investor Name	MILAF+ Cash Management Class Account Number
		MILAF+ Investor Name	MILAF+ Cash Management Class Account Number

CERTIFICATION & SIGNATURE: (Please have a Contact, who is authorized per Fund records to update banking instructions, sign below.)

I hereby certify that I have obtained authorization from the Receiving Investor(s) to initiate transfers to the MILAF+ Account(s) listed above.

_____ 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	