

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

**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 your Entity's name and Tax Identification Number.)

**Investor Name:** \_\_\_\_\_ **TIN:** \_\_\_\_\_  
(Name that appears on Fund records) (Taxpayer Identification Number)

**INSTRUCTION DETAIL:** (Please select an action type and complete the detail instructions below.) (\* = Required fields)

**ACTION TYPE:**

Add Remove

**BANKING INFORMATION:**

\*Bank Name: \_\_\_\_\_ \*Bank Account #: \_\_\_\_\_  
 \*Bank City: \_\_\_\_\_ \*Legal Account Owner: \_\_\_\_\_  
 \*Bank State: \_\_\_\_\_ Further Credit Account #: \_\_\_\_\_  
 \*Wire ABA or Routing #: \_\_\_\_\_ Further Credit to: \_\_\_\_\_  
 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. _____ |

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

MILAF+ Account #: \_\_\_\_\_ Share Class: MILAF+ Cash Management  
 Transaction Date: \_\_\_\_\_ MAX  
 Transaction \$ Amount: \_\_\_\_\_

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

<b>SEND VIA CONNECT:</b>	<b>FAX TO:</b>	<b>MAIL TO:</b>
Log in to Account Access	MILAF+ Client Services Group	MILAF+ Client Services Group
<i>Existing Connect</i> Click <input checked="" type="checkbox"/> Secure Contact	1-888-535-0120	P.O. Box 11760
<i>Users Only</i> Select file to upload - Send message		Harrisburg, PA 17108

FUND USE ONLY	
V2022.10	INITIALS
Processed	
Confirmed	