



ORDER FORM

Questions? Call 1-877-466-4523

(DEPOSIT TICKETS – ENDORSEMENT STAMPS – RE-INKING FLUID)

Instructions: Complete this form to order deposit tickets, endorsement stamps, and/or re-inking fluid. Please fax the completed form to the MILAF+ Client Services Group at 1-888-535-0120.

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: _____
(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: _____ (MILAF+ Account Number)
Fifth Third Routing Number: _____
Fifth Third Account Number: _____

Endorsement Stamp(s)

Pay To The Order of: _____ (Fund Investor Name)
Subtitle (Location): _____ (Fund Account Subtitle or Location)
Fifth Third Account Number: _____ (Fifth Third Account Number deposited into)

SHIPPING INFORMATION: (Allow 3 days for processing the order, in addition to shipping time.)

Shipping Method:

Mailing Address:

Standard UPS Ground delivery (Allow 2 to 4 weeks)
RUSH SHIPMENT (Additional charges paid by Investor)
Fastrack \$29.95 Overnight

Attention to: _____
Physical Address: _____
(No P.O. Box)

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 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		