



ACH Setup Instructions

Questions? Call 1-888-467-3523

Instructions: Complete this form **ONLY** if you would like the MSDLAF+ Client Services Group to **add/remove** ACH instructions for your Entity. After completion, fax this form to the MSDLAF+ Client Services Group at **1-888-535-0120**.

Note: This form is only for ACH instructions. ACH payments are financial transactions handled through the Automated Clearing House (ACH). ACH payments are not the same as wire transfers and are not same-day transactions. Your new ACH instruction may take the 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 ACH instructions and authorized signature below permit MSDLAF+, per your direction, to move money to the institution designated below from MSDLAF+ or from the institution designated below to MSDLAF+. If the bank account listed below has ACH filters, please contact your bank to authorize MSDLAF+ to process ACH transactions against your bank account.

INVESTOR INFORMATION: (Please enter the Investor's name and Tax Identification Number.)

Investor Name: _____ TIN #: _____
(Taxpayer Identification Number)

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

ACTION TYPE:

ADD REMOVE

BANKING INFORMATION:

Bank Name: _____ Bank Account #: _____
 ACH ABA or Routing #: _____ Account Name: _____
 *Addendum Details: _____ *Nickname: _____
(Unique name to identify this instruction)
 Bank Account Type: Checking Savings

Please add/remove the above instructions to/from the account(s) listed below: (Please list the specific MSDLAF+ account(s) below.)

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

TRANSACTION REQUEST: (Complete this section to initiate a transaction using the new instructions above. Transactions may take 24 hours to process.)

Fund Account #: _____ Transaction Date: _____
 \$ Amount: _____ Transaction Type: Purchase (Move funds to our MSDLAF+ account)
 Share Class: Liquid Max Redemption (Move funds from our MSDLAF+ account)

SIGNATURE: (Please have a person authorized per Fund records 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: MSDLAF+ Client Services Group 1-888-535-0120	MAIL TO: MSDLAF+ Client Services Group P.O. Box 11760 Harrisburg, PA 17108-1760
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FUND USE ONLY		
V2015.04	DATE	INITIALS
Processed		
Confirmed		