



# Wire Setup Instructions

Questions? Call 1-888-467-3523

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

**Note:** This form is only for wire instructions. Wire transfers are same-day electronic transfers of funds. Your new wire 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 wire instructions and authorized signature below permits the Client Services Group, per your direction, to move money from MSDLAF+ to the institution specified below.

## 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 #: \_\_\_\_\_

Bank City: \_\_\_\_\_

Beneficiary Name: \_\_\_\_\_

Bank State: \_\_\_\_\_

\*Beneficiary Account #: \_\_\_\_\_

Wire ABA or Routing #: \_\_\_\_\_

\*Beneficiary Details: \_\_\_\_\_

\*Nickname: \_\_\_\_\_  
(Unique name to identify this instruction)

**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 instruction above. Transactions may take 24 hours to process.)

Account #: \_\_\_\_\_ Transaction Date: \_\_\_\_\_ \$ Amount: \_\_\_\_\_

Share Class: Liquid Max Transaction Type: Redemption (Move funds from my 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

### FUND USE ONLY

V2015.04	DATE	INITIALS
Processed		
Confirmed		