NEW JERSEY
NJ/ARM
ASSET & REBATE MANAGEMENT PROGRAM

Wire Setup Instructions

Questions? Call 1-800-535-7829

Instructions: Complete this form **ONLY** if you would like the NJ/ARM 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 NJ/ARM 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 NJ/ARM Client Services Group, per your direction, to move money from NJ/ARM to the institution specified below.*

INVESTOR INFORMATION: *(Please enter your Entity's name and Tax Identification Number.)*

CSGV2022.03

Investor Name: _____ (Name that appears on Program records)

TIN: ____ - _____ (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 NJ/ARM Account(s) below.)

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

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

NJ/ARM Account #: _____ Transaction Date: _____ Transaction $ Amount: _____

SIGNATURE: *(Please have a Contact, who is authorized per Program records to initiate purchases and redemptions of shares, sign below.)*

✕ *Please print form and sign with blue or black ink.*

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	**FAX TO:**	NJ/ARM Client Services Group	**MAIL TO:**	NJ/ARM Client Services Group
Existing Connect	Click ✉ Secure Contact		1-800-252-9551		P.O. Box 11760
Users Only	Select file to upload - Send message				Harrisburg, PA 17108

Print Form

Clear Form