

Instructions: Complete this form **ONLY** if you would like the NJ/ARM Client Services Group to add or remove Participant to Participant Transfer Instructions. After completion, submit this form through Connect, or fax or mail this form to the fax number or address at the bottom of this page.

Note: This form is only for Participant to Participant Transfers, which are transfers from your NJ/ARM account(s) to another Investor's NJ/ARM account(s) within the same investment option. NJ/ARM encourages you to notify the Receiving Investor(s) regarding the nature of each Participant to Participant Transfer. Your new Participant to Participant Transfer Instructions may take the NJ/ARM Client Services Group up to 24 hours to verify and set up on your account. The instructions and authorized signature below permits the NJ/ARM Client Services Group, per your direction, to establish transfer instructions to move money from your NJ/ARM account(s) to another Investor's NJ/ARM accounts.

SENDING INVESTOR INFORMATION: (All fields in this section must contain Sending Investor information ONLY.)

Investor Name: _____ TIN: _____
 (Name that appears on Fund records) (Taxpayer Identification Number)

List the NJ/ARM account number(s) to which this form applies:

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

RECEIVING INVESTOR INFORMATION: (All fields in this section must contain Receiving Investor information ONLY.)

Add	Remove		
		NJ/ARM Investor Name	NJ/ARM Account Number
		NJ/ARM Investor Name	NJ/ARM Account Number
		NJ/ARM Investor Name	NJ/ARM Account Number
		NJ/ARM Investor Name	NJ/ARM Account Number
		NJ/ARM Investor Name	NJ/ARM Account Number
		NJ/ARM Investor Name	NJ/ARM Account Number
		NJ/ARM Investor Name	NJ/ARM Account Number
		NJ/ARM Investor Name	NJ/ARM Account Number
		NJ/ARM Investor Name	NJ/ARM Account Number

CERTIFICATION & SIGNATURE: (Please have a Contact, who is authorized per Fund records to update banking instructions, sign below.)

I hereby certify that I have obtained authorization from the Receiving Investor(s) to initiate transfers to the NJ/ARM account(s) listed above.

_____ 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 <input checked="" type="checkbox"/> Secure Contact	1-800-252-9551	P.O. Box 11760
Users Only Select file to upload - Send message		Harrisburg, PA 17108

PROGRAM USE ONLY	
V2022.03	INITIALS
Processed	
Confirmed	