

Instructions: Please complete this form to initiate a transaction to or from your NJ/ARM Account using pre-existing banking instructions or to notify the Program of an incoming wire. Submit this form through Connect, or fax or mail this form to the fax number or address at the bottom of the page.

INVESTOR INFORMATION:

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

TRANSACTION TYPE: (Please select a transaction type and complete the detail instructions below.)

Wire Purchase (Your Entity's bank will wire the requested amount **TO** the Program on the date listed below in order to purchase shares.)

NJ/ARM Account #: _____ Transaction Date: _____

Transaction \$ Amount: _____ Sending Bank Name: _____

The wire or ACH instruction referenced below must already exist with the Program. To set up new instructions, complete and submit either the **Wire Setup** or **ACH Setup** instruction form. (* = Required fields)

Wire Redemption (The requested amount is to be wired **FROM** the Program using the pre-existing wire instructions below.)

ACH Purchase (The requested amount is to be transferred **TO** the Program using pre-existing ACH instructions and available on the next business day.)

ACH Redemption (The requested amount is to be transferred **FROM** the Program using pre-existing ACH instructions and available on the next business day.)

*NJ/ARM Account #: _____ *Transaction Date: _____
*Bank Name: _____ *Transaction \$ Amount: _____
*Bank Account #: _____ *Legal Account Owner: _____
*ABA or Routing #: _____ Further Credit Account #: _____
Nickname: _____ Further Credit to/Addenda Information: _____

TRANSFER (Shares are to be transferred by the NJ/ARM Client Services Group from one account to another within the same share class.)

From NJ/ARM Account #: _____ To 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.)

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
Existing Connect Click ☒ Secure Contact
Users Only Select file to upload - Send message

FAX TO: NJ/ARM Client Services Group
1-800-252-9551

MAIL TO: NJ/ARM Client Services Group
P.O. Box 11760
Harrisburg, PA 17108

PROGRAM USE ONLY

V2022.03	INITIALS
Processed	
Confirmed	