

**Instructions:** Complete this form **ONLY** if you would like the NJ/ARM Client Services Group to **add/remove** wire instructions. After completion, fax this form to the NJ/ARM Client Services Group at **1-800-252-9551**.

**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 the Investor's name and Taxpayer 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 NJ/ARM account(s) below.)

- |          |           |           |           |
|----------|-----------|-----------|-----------|
| 1. _____ | 6. _____  | 11. _____ | 16. _____ |
| 2. _____ | 7. _____  | 12. _____ | 17. _____ |
| 3. _____ | 8. _____  | 13. _____ | 18. _____ |
| 4. _____ | 9. _____  | 14. _____ | 19. _____ |
| 5. _____ | 10. _____ | 15. _____ | 20. _____ |

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

NJ/ARM Account \_\_\_\_\_ Transaction Date: \_\_\_\_\_  
 \$ Amount: \_\_\_\_\_ Transaction Type: \_\_\_\_\_ Redemption (Move funds **from** NJ/ARM account)

**SIGNATURE:** (Please have a Contact authorized per Program 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:** NJ/ARM Client Services Group  
 1-800-252-9551

**MAIL TO:** NJ/ARM Client Services Group  
 P.O. Box 11760  
 Harrisburg, PA 17108-1760

**PROGRAM USE ONLY**

V2016.02	DATE	INITIALS
Processed		
Confirmed		