

**Instructions:** Please complete this form if you would like the NJ/ARM Client Services Group to (1) initiate a transaction to/from your NJ/ARM account using pre-existing banking instructions or (2) notify the Program of an incoming wire. After completion, please fax this form to the NJ/ARM Client Services Group at **1-800-252-9551**.

**INVESTOR INFORMATION:** (Please enter the Investor's name and Taxpayer Identification Number.)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.) (\* = Optional fields)**WIRE Purchase** (Your Entity will wire the requested amount **TO** the Program on the date listed below in order to purchase units.)

NJ/ARM Account #: \_\_\_\_\_ Transaction Date: \_\_\_\_\_  
\$ Amount: \_\_\_\_\_ Sending Bank Name: \_\_\_\_\_

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

(The instructions below must be on file with the Program. If you want to establish a **NEW** instruction, you must complete the **ACH Setup** form or the **Wire Setup** form and fax it to the NJ/ARM Client Services Group.)

NJ/ARM Account #: \_\_\_\_\_ Transaction Date: \_\_\_\_\_  
Bank Name: \_\_\_\_\_ \$ Amount: \_\_\_\_\_  
Bank Account #: \_\_\_\_\_ Beneficiary Name: \_\_\_\_\_  
ABA #: \_\_\_\_\_ \*Beneficiary Account #: \_\_\_\_\_  
\*Nickname: \_\_\_\_\_ \*Beneficiary Details: \_\_\_\_\_

**TRANSFER** (Money is to be transferred by the NJ/ARM Client Services Group from one account to another.)

From NJ/ARM Account #: \_\_\_\_\_ To NJ/ARM Account #: \_\_\_\_\_  
Transaction Date: \_\_\_\_\_ \$ Amount: \_\_\_\_\_

**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		