

**Instructions:** Please complete this form to initiate a transaction to or from your NCIP Account using pre-existing banking instructions or to notify the Pool 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.

**PARTICIPANT INFORMATION:**

**Participant Name:** \_\_\_\_\_ **TIN:** \_\_\_\_\_  
(Name that appears on Pool records) (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 Pool on the date listed below in order to purchase shares.)

NCIP Account #: \_\_\_\_\_ Transaction Date: \_\_\_\_\_  
 Transaction \$ Amount: \_\_\_\_\_ Sending Bank Name: \_\_\_\_\_

*The wire or ACH instruction referenced below must already exist with the Pool. 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 Pool using the pre-existing wire instructions below.)

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

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

\*NCIP 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 NCIP Client Services Group from one account to another within the same share class.)

From NCIP Account #: \_\_\_\_\_ To NCIP Account #: \_\_\_\_\_  
 Transaction Date: \_\_\_\_\_ Transaction \$ Amount: \_\_\_\_\_

**SIGNATURE: (Please have a Contact, who is authorized per Pool 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.**

<b>SEND VIA CONNECT:</b>	Log in to Account Access	<b>FAX TO:</b>	NCIP Client Services Group	<b>MAIL TO:</b>	NCIP Client Services Group
<i>Existing Connect</i>	Click <input checked="" type="checkbox"/> Secure Contact		1-888-535-0120		P.O. Box 11813
<i>Users Only</i>	Select file to upload - Send message				Harrisburg, PA 17108

POOL USE ONLY	
V2021.04	INITIALS
Processed	
Confirmed	