

Instructions: Complete this form **ONLY** if you would like the NCIP Client Services Group to **add or remove** wire instructions. Submit this form through Connect, or fax or mail this form to the fax number or address at the bottom of the page.

Note: *This form is only for wire instructions. Wire transfers are same-day electronic transfers of funds. Your new wire instruction may take the NCIP 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 NCIP Client Services Group, per your direction, to move money from NCIP to the institution specified below.*

PARTICIPANT INFORMATION: *(Please enter your Entity's name and Tax Identification Number.)*

Participant Name: _____ **TIN:** _____
(Name that appears on Pool records) (Taxpayer Identification Number)

INSTRUCTION DETAIL: *(Please select an action type and complete the detail instructions below.) (* = Required fields)*

ACTION TYPE:

Add Remove

BANKING INFORMATION:

*Bank Name: _____ *Bank Account #: _____
 *Bank City: _____ *Legal Account Owner: _____
 *Bank State: _____ Further Credit Account #: _____
 *Wire ABA or Routing #: _____ Further Credit to: _____
 Nickname: _____
(Unique name to identify this instruction)

Please add/remove the above instructions to/from the Account(s) listed below: *(Please list the specific NCIP Account(s) below.)*

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

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

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.

SEND VIA CONNECT: Log in to Account Access <i>Existing Connect</i> Click <input checked="" type="checkbox"/> Secure Contact <i>Users Only</i> Select file to upload - Send message	FAX TO: NCIP Client Services Group 1-888-535-0120	MAIL TO: NCIP Client Services Group P.O. Box 11813 Harrisburg, PA 17108
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POOL USE ONLY	
V2021.04	INITIALS
Processed	
Confirmed	