



ACH Setup Instructions

Questions? Call 1-800-731-7150

Instructions: Complete this form **ONLY** if you would like the MAGIC Client Services Group to **add/remove** ACH instructions for your Entity. After completion, fax this form to the MAGIC Client Services Group at **1-888-535-0120**.

Note: This form is only for ACH instructions. ACH payments are financial transactions handled through the Automated Clearing House (ACH). ACH payments are not the same as wire transfers and are not same-day transactions. Your new ACH instruction may take the 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 ACH instructions and authorized signature below permit MAGIC, per your direction, to move money to the institution designated below from MAGIC or from the institution designated below to MAGIC. If the bank account listed below has ACH filters, please contact your bank to authorize MAGIC to process ACH transactions against your bank account.

INVESTOR INFORMATION: (Please enter the Investor's name and Tax Identification Number.)

Investor Name: _____ **TIN #:** _____
(Name that appears on Fund records) (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 #: _____
ACH ABA or Routing #: _____ Account Name: _____
*Addendum Details: _____ *Nickname: _____
Bank Account Type: Checking Savings (Unique name to identify this instruction)

Please add/remove the above instructions to/from the account(s) listed below: (Please list the specific MAGIC account(s) below.)

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

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

Fund Account #: _____ Transaction Date: _____
\$ Amount: _____ Transaction Type: Purchase (Move funds to our MAGIC account)
Redemption (Move funds from our MAGIC account)

SIGNATURE: (Please have a Contact per Fund records who is authorized to update banking instructions 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: MAGIC Client Services Group
1-888-535-0120

MAIL TO: MAGIC Client Services Group
P.O. Box 11760
Harrisburg, PA 17108-1760

FUND USE ONLY

V2015.02	DATE	INITIALS
Processed		
Confirmed		