

Instructions: Complete this form to order checks from MAGIC. Submit this form through Connect, or fax or mail this form to the fax number or address at the bottom of the page.

ACCOUNT and ORDER TYPE: (Please fill this section out completely.)

Investor Name: _____
(Name that appears on Fund records)

TIN #: _____
(Taxpayer Identification Number)

MAGIC Account #: _____
(Account # that checks will clear out of)

New Order

Reorder *(Please attach a voided check or a copy of the reorder form)*

CHECK DETAIL: (Please complete the check detail options below.) (* = Optional)

1. Pick a style: 3-Page Business (Manual) Quantity: 300 600 Other: _____
 3-Page Business (Laser) Quantity: 250 500 Other: _____
 Classic 50 (*Blue Only*) Quantity: 50 100 Other: _____
 Laser Checks Quantity: 250 500 Other: _____
- Laser Check Placement: Top Middle Bottom

2. Pick a color: Blue Green Burgundy Tan

3. How many signature lines are required on each check? 1 2 3 *(Not an option for Classic 50 orders)*

4. What is the starting check number? _____ *(If not provided, #101 will be the starting check number.)*

* Check this box if *reverse order* is desired:

CHECK PERSONALIZATION: (This information will appear on the top left-hand corner of each check. Custom logos are not permitted.)

Entity's Name: _____
 MAGIC Account Title: _____
 Personalization: _____
 Personalization: _____
 Personalization: _____

ENVELOPES: (Available for Laser Checks only.)

- Pick a style: Self-Sealing Quantity: 500 1000 Other: _____
 Regular Gum Seal Quantity: 500 1000 Other: _____

SHIPPING INFORMATION: (Allow 3 days for processing the order, in addition to shipping time.)

Shipping Method:

Mailing Address:

- Standard UPS Ground delivery *(Allow 2 to 4 weeks)*
 Rush Shipment *(Rush Orders charges are paid by Investor)*
 Fastrack \$39.95 Overnight

Attention to: _____
 Physical Address: _____
 (No P.O. Box)

SIGNATURE: (Please have a Contact, who is authorized per Fund records to initiate purchases and redemptions of shares, complete and 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
Existing Connect Click Secure Contact
Users Only Select file to upload - Send message

FAX TO: MAGIC Client Services Group
 1-888-535-0120

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

FUND USE ONLY

V2022.08	INITIALS
Processed	
Confirmed	