

Instructions: Complete this form to order checks from MSDLAF+. Please fax the completed form to the MSDLAF+ Client Services Group at 1-888-535-0120.

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

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

TIN: _____
 (Taxpayer Identification Number)

MSDLAF+ Account Number: _____
 (Account number that checks will clear out of)

New Order (For new checks, please complete the Checkwriting Authorization form and send along with this document.)

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		
		:				
	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: _____
 MSDLAF+ 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:

Standard UPS Ground delivery (Allow 2 to 4 weeks)
 Rush Shipment (Rush Orders charges are paid by Investor)
 Fastrack \$29.95 Overnight

Mailing Address:

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 received by email will not be accepted. Please send by fax or mail.

FAX TO: MSDLAF+ Client Services Group
1-888-535-0120

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

FUND USE ONLY

V2015.10	DATE	INITIALS
Processed		
Confirmed		