

ORDER FORM

Instructions: Complete this form to order deposit tickets, endorsement stamps, and/or re-inking fluid. Please fax the completed form to the MSDLAF+ Client Services Group at 1-888-535-0120.

ACCOUNT and ORDER TYPE: (Please fill this s	ection out completely.)				
Investor Name:		TIN:			
(Name that appears on Fund records)		((Taxpayer Identification Nur	mber)	
MSDLAF+ Account Number:	t number for deposits)				
New Order					
Reorder (Please attach a copy of a current dep	nsit ticket)				
ITEM DETAIL: (Please select the appropriate item and o	letali.)				
Deposit Tickets	level) 2 Devet Devve d Develdet				
Style: 2-Part Bound Booklet (Stand					
Quantity: 200 400 Other					
Endorsement Stamp(s) (Additional charges					
Quantity: 1 2 Other					
<u>Re-Inking Fluid</u> (Additional charges paid by I					
Quantity: 1 2 Other					
CAPTIONS: (Please fill this section out completely.)					
Deposit Tickets					
Personalization		MICR Line			
Investor Name:	Aux Number:				
Account Subtitle:	U.S. Bank Routing Number				
Personalization:	U.S Bank Account Number				
Personalization:					
Vault Number:	(If applicable)				
Endorsement Stamp(s)					
Pay To The Order of:		(Fund Investor Name)			
Subtitle (Location):		(Fund Account Sul	btitle or Location)		
U.S. Bank Acct Number:		(U.S. Bank Accoun	nt Number deposited int	:0)	
SHIPPING INFORMATION: (Allow 3 days for pr	ocessing the order, in addition to shipping time.)				
Shipping Method:		Mailing Address:			
Standard UPS Ground delivery (Allow 2-4 weeks)	Attention to:				
RUSH SHIPMENT (Additional charges paid by Investor)	Physical Address:				
Fastrack \$29.95 Overnight	(No P.O. Box)				
SIGNATURE: (Please have a Contact, who is authorized p	er Fund records to initiate purchases and redemptior	s of shares, comple	ete 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 sen	l by fax or mail.		FUND USE ON	LY	
FAX TO: MSDLAF+ Client Services Group	MAIL TO: MSDLAF+ Client Services Group		V2015.10 DATE	INITIALS	
1-888-535-0120	P.O. Box 11760 Harrisburg, PA 17108-1760		rocessed onfirmed		
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