



FAX TO:

MSDLAF+ Client Services Group

1-888-535-0120

Questions? Call 1-888-467-3523

## (DEPOSIT TICKETS - ENDORSEMENT STAMPS - RE-INKING FLUID)

<u>Instructions</u>: 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 0	(Name that appears on Fund records)  Account Number:  (Account number for deposits)  V Order  Order (Please attach a copy of a current deposit ticket.)  AIL: (Please select the appropriate item and detail.)  Dosit Tickets  Style: 2-Part Bound Booklet (Standard) 3-Part Bound Booklet  Quantity: 200 400 Other:    dorsement Stamp(s) (Additional charges paid by Investor)  Quantity: 1 2 Other:    Inking Fluid (Additional charges paid by Investor)  Quantity: 1 2 Other:    Contact				
Investor Name:				TIN:	
(Name that appears o			n Fund records)	(Taxpayer Identification Number)	
MSDLAF+ Account Number:					
ITEM DETAIL: (Please select the appropriate item and detail.)					
<u>Deposit Tic</u>	<u>kets</u>				
Style:	2-Part Boun	d Booklet (Standard)	3-Part Bound Booklet		
Quantity:	200 4	100 Other:			
<u>Endorseme</u>	ent Stamp(s)	Additional charges paid by I	Investor)		
Quantity:	1 2	Other:			
Re-Inking F	luid (Additiona	l charges paid by Investor)			
Quantity:	1 2	Other:			
CAPTIONS: (Please	fill this section out c	ompletely.)			
<u>Deposit Tickets</u>	Personaliz	ation		MICP Line	
Investor Name:	Personanz	ation	Aux Number:	WICK LINE	
Account Subtitle:			U.S. Bank Routing Number:		
Personalization:			U.S Bank Account Number:	<del></del>	
Personalization:			<del></del>		
Vault Number:			(If applicable)		
Endorsement Stamp(s)  Only To The Order of					
Pay To The Order of:				(Fund Investor Name) (Fund Account Subtitle or Location)	
Subtitle (Location):				(Turid Account Subtitle of Education)	
U	J.S. Bank Acct Numbe	er:		(U.S. Bank Account Number deposited into)	
SHIPPING INFORMATION: (Allow 3 days for processing the order, in addition to shipping time.)					
	AMELIACIA (A	mow 5 days for processing	the oracl, in addition to simpping time.)	Mailing Address:	
Shipping Method:	racional alaliciami (AII	2.4	Attachica	Mailing Address:	
Standard UPS Ground delivery (Allow 2-4 weeks)			Attention to:		
RUSH SHIPMENT (Additional charges paid by Investor)			Physical Address:		
Fastrack \$	29.95 Over	night	(No P.O. Box)		
SIGNATURE: (Plea	se have a Contact, w	ho is authorized per Fund r	ecords to initiate purchases and redemption	s of shares, complete and sign below.)	
Authorized Signature		 Date		Phone #	
- 0					
Print or Type Name of Aut	horized Signatory	Title/Position		Email Address	
Print or Type Name of Authorized Signatory  Title/Position  Any document received by email will not be accepted. Please send by fax or mail.					
Any document received by	email will not be acce	epted. Please send by fax o	or mail.	FUND USE ONLY	

MSDLAF+ Client Services Group

Harrisburg, PA 17108-1760

P.O. Box 11760

V2015.10

Processed

Confirmed

DATE

INITIALS

MAIL TO: