

SEND VIA CONNECT:

Existing Connect

Users Only

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FAX TO:

PARTICIPANT TO PARTICIPANT TRANSFER SETUP

Questions? Call 1-888-467-3523

<u>Instructions:</u> Complete this form <u>ONLY</u> if you would like the MSDLAF+ Client Services Group to add or remove Participant to Participant Transfer Instructions. After completion, submit this form through Connect, or fax or mail this form to the fax number or address at the bottom of this page.

Note: This form is only for Participant to Participant Transfers, which are transfers from your MSDLAF+ Liquid Class account(s) to another Investor's MSDLAF+ Liquid Class account(s) within the same investment option. MSDLAF+ encourages you to notify the Receiving Investor(s) regarding the nature of each Participant to Participant Transfer. Your new Participant to Participant Transfer Instructions may take the MSDLAF+ Client Services Group up to 24 hours to verify and set up on your account. The instructions and authorized signature below permits the MSDLAF+ Client Services Group, per your direction, to establish transfer instructions to move money from your MSDLAF+ Liquid Class account(s) to another Investor's MSDLAF+ accounts.

estor Name:		TIN:	
	(Name that appears on Fund records)	(Taxpayer Identification Number)	
he MSDLAF+ L	iquid Class account number(s) to which this form applies:		
		-	
1	4	7	
2.	5	8.	
3	6	9	
VING INVES	TOR INFORMATION: (All fields in this section must contain Receiving In	vestor information ONLY.)	
dd Remov			
	MSDLAF+ Investor Name	MSDLAF+ Liquid Class Account Number	
	ASSI AS LIVER NAME OF THE STATE	AASDIAE, Liveld Class A	
	MSDLAF+ Investor Name	MSDLAF+ Liquid Class Account Number	
	MSDLAF+ Investor Name	MSDLAF+ Liquid Class Account Number	
	MSDLAF+ Investor Name	MSDLAF+ Liquid Class Account Number	
	MSDLAF+ Investor Name	MSDLAF+ Liquid Class Account Number	
	MSDLAF+ Investor Name	MSDLAF+ Liquid Class Account Number	
	MSDLAF+ Investor Name	MSDLAF+ Liquid Class Account Number	
	MSDLAF+ Investor Name	MSDLAF+ Liquid Class Account Number	
	MSDLAF+ Investor Name	MSDLAF+ Liquid Class Account Number	
IFICATION &	SIGNATURE: (Please have a Contact, who is authorized per Fund records	to update banking instructions, sign below.)	
reby certify tha	t I have obtained authorization from the Receiving Investor(s) to initiate	transfers to the MSDLAF+ account(s) listed above.	
horized Signature	Date	Phone #	
	bate	. note :	

MSDLAF+ Client Services Group

1-888-535-0120

MAIL TO:

MSDLAF+ Client Services Group

P.O. Box 11760

Harrisburg, PA 17108

V2022.04

Processed

Confirmed

INITIALS