



Questions? Call 1-888-467-3523

Transaction Request

**ACH/WIRE -
TRANSFER/EXCHANGE -
STOP PAYMENTS -**

Instructions: Please complete this form if you would like MSDLAF+ to (1) initiate a transaction to/from your MSDLAF+ account using pre-existing banking instructions or (2) notify the Fund of an incoming wire. After completion, please fax this form to the MSDLAF+ Client Services Group at 1-888-535-0120.

INVESTOR INFORMATION: (Please enter the Investor's name.)

Investor Name: _____ (Name that appears on Fund records) TIN #: _____ (Taxpayer Identification Number)

TRANSACTION TYPE: (Please select a transaction type and complete the detail instructions below.) (* = Optional fields)

WIRE Purchase (Your Entity will wire the requested amount **TO** the Fund on the date listed below in order to purchase shares.)

MSDLAF+ Account #: _____ Transaction Date: _____ \$ Amount: _____
Share Class: Liquid MAX Sending Bank: _____

WIRE Redemption (The requested amount is to be wired **FROM** the Fund to the pre-existing wire instructions listed below.)

ACH Purchase (The requested amount is to be transferred **TO** the Fund from the pre-existing ACH instructions and available on the next business day.)

ACH Redemption (The requested amount is to be transferred **FROM** the Fund to the pre-existing ACH instructions and available on the next business day.)

(The instructions below must be on file with the Fund. If you want to use a **NEW** instruction, you must complete the **ACH Instructions** form or the **Wire Instructions** form and fax it to the Client Services Group.)

MSDLAF+ Account #: _____ Transaction Date: _____
Bank Name: _____ Share Class: Liquid MAX
Bank Account #: _____ \$ Amount: _____
ABA #: _____ Beneficiary Name: _____
*Nickname: _____ *Beneficiary Account #: _____
*Beneficiary Details: _____

TRANSFER (Money is to be transferred by the Client Services Group from one account to another.)

From MSDLAF+ Account #: _____ To MSDLAF+ Account #: _____
Share Class: Liquid MAX Transaction Date: _____ \$ Amount: _____

EXCHANGE (Money is to be transferred by the Client Services Group from one share class to another between the same account.)

From MSDLAF+ Account #: _____ Transaction Date: _____
Share Exchange from: Liquid to Max Max to Liquid \$ Amount: _____

STOP PAYMENT (The Client Services Group will place a stop payment on the desired check(s) listed below.)

MSDLAF+ Account #: _____ Payee: _____
Check #: _____ Issue Date: _____
\$ Amount: _____ Reason: _____
Additional Notes: _____

SIGNATURE: (Please have a person authorized per Fund records 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

| V2014.10 | DATE | INITIALS |
|-----------|------|----------|
| Processed | | |
| Confirmed | | |