



Instructions: Complete this form ONLY if you would like the SNAP Client Services Group to add/remove wire instructions. After completion, fax this form to the SNAP Client Services Group at 1-888-535-0120.

Note: This form is only for wire instructions. Wire transfers are same-day electronic transfers of funds. Your new wire instruction may take the SNAP Client Services Group up to 24 hours to verify and set up on your account. Please take this into consideration when requesting a transaction. The wire instructions and authorized signature below permits the SNAP Client Services Group, per your direction, to move money from SNAP to the institution specified below.

INVESTOR INFORMATION: (Please enter the Investor's name and Taxpayer Identification Number.)

Investor Name: \_\_\_\_\_ TIN: \_\_\_\_\_ (Taxpayer Identification Number)

INSTRUCTION DETAIL: (Please select an action type and complete the detail instructions below.) (\* = Optional fields)

ACTION TYPE:
ADD REMOVE

BANKING INFORMATION:

Bank Name: \_\_\_\_\_ Bank Account #: \_\_\_\_\_
Bank City: \_\_\_\_\_ Beneficiary Name: \_\_\_\_\_
Bank State: \_\_\_\_\_ \*Beneficiary Account #: \_\_\_\_\_
Wire ABA or Routing #: \_\_\_\_\_ \*Beneficiary Details: \_\_\_\_\_
\*Nickname: \_\_\_\_\_ (Unique name to identify this instruction)

Please add/remove the above instructions to/from the account(s) listed below: (Please list the specific SNAP account(s) below.)

- 1. \_\_\_\_\_ 6. \_\_\_\_\_ 11. \_\_\_\_\_ 16. \_\_\_\_\_
2. \_\_\_\_\_ 7. \_\_\_\_\_ 12. \_\_\_\_\_ 17. \_\_\_\_\_
3. \_\_\_\_\_ 8. \_\_\_\_\_ 13. \_\_\_\_\_ 18. \_\_\_\_\_
4. \_\_\_\_\_ 9. \_\_\_\_\_ 14. \_\_\_\_\_ 19. \_\_\_\_\_
5. \_\_\_\_\_ 10. \_\_\_\_\_ 15. \_\_\_\_\_ 20. \_\_\_\_\_

TRANSACTION REQUEST: (Complete this section to initiate a transaction using the new instruction above. Transactions may take 24 hours to process.)

SNAP Account #: \_\_\_\_\_ Transaction Date: \_\_\_\_\_ \$ Amount: \_\_\_\_\_

SIGNATURE: (Please have a Contact, who is authorized per Program records to initiate purchases and redemptions of shares, 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: SNAP Client Services Group 1-888-535-0120
MAIL TO: SNAP Client Services Group P.O. Box 11760 Harrisburg, PA 17108-1760

Table with 3 columns: V2015.11, DATE, INITIALS. Rows: Processed, Confirmed.