



ACH SETUP INSTRUCTIONS

Questions? Call 1-877-667-3523

Instructions: Complete this form **ONLY** if you would like the NLAFF Client Services Group to **add/remove** ACH instructions for your Entity. After completion, fax this form to the NLAFF Client Services Group at **1-888-535-0120**.

Note: This form is only for ACH instructions. ACH payments are financial transactions handled through the Automated Clearing House (ACH). ACH payments are not the same as wire transfers and are not same-day transactions. Your new ACH instruction may take the NLAFF 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 ACH instructions and authorized signature below permit NLAFF, per your direction, to move money to the institution designated below from NLAFF or from the institution designated below to NLAFF. If the bank account listed below has ACH filters, please contact your bank to authorize NLAFF to process ACH transactions against your bank account.

INVESTOR INFORMATION: (Please enter your Entity'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 #: _____

ACH ABA or Routing #: _____

Account Name: _____

*Addendum Details: _____

*Nickname: _____
(Unique name to identify this instruction)

Bank Account Type: Checking Savings

Please add/remove the above instructions to/from the account(s) listed below: (Please list the specific NLAFF 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 instructions above. Transactions may take 24 hours to process.)

NLAFF Account #: _____ Transaction Date: _____

\$ Amount: _____ Transaction Type: Purchase (Move funds **to** the NLAFF account listed)
Redemption (Move funds **from** the NLAFF account listed)

SIGNATURE: (Please have a Contact authorized per Fund records 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: NLAFF Client Services Group
1-888-535-0120

MAIL TO: NLAFF Client Services Group
P.O. Box 11760
Harrisburg, PA 17108-1760

FUND USE ONLY

V2016.02	DATE	INITIALS
Processed		
Confirmed		