



# ORDER FORM

Questions? Call 1-877-677-3523 (DEPOSIT TICKETS – ENDORSEMENT STAMPS – RE-INKING FLUID)

**Instructions:** Complete this form to order deposit tickets, endorsement stamps, and/or re-inking fluid. Please fax the completed form to the NLAF Client Services Group at 1-888-535-0120.

**ACCOUNT and ORDER TYPE:** (Please fill this section out completely.)

Investor Name: \_\_\_\_\_  
(Name that appears on Fund records)

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

NLAF Account Number: \_\_\_\_\_  
(Account number for deposits)

**New Order**

**Reorder** (Please attach a copy of a current deposit ticket.)

**ITEM DETAIL:** (Please select the appropriate item and detail.)

**Deposit Tickets**

Style: 2-Part Bound Booklet (Standard) 3-Part Bound Booklet  
Quantity: 200 400 Other: \_\_\_\_\_

**Endorsement Stamp(s)** (Additional charges paid by Investor)

Quantity: 1 2 Other: \_\_\_\_\_

**Re-inking Fluid** (Additional charges paid by Investor)

Quantity: 1 2 Other: \_\_\_\_\_

**CAPTIONS:** (Please fill this section out completely.)

**Deposit Tickets**

**Personalization**

**MICR Line**

Investor Name: \_\_\_\_\_  
Account Subtitle: \_\_\_\_\_  
Personalization: \_\_\_\_\_  
Personalization: \_\_\_\_\_  
Vault Number: \_\_\_\_\_ (If applicable)

Aux Number: \_\_\_\_\_  
U.S. Bank Routing Number: \_\_\_\_\_  
U.S. Bank Account Number: \_\_\_\_\_

**Endorsement Stamp(s)**

Pay To The Order of: \_\_\_\_\_ (Fund Investor Name)  
Subtitle (Location): \_\_\_\_\_ (Fund Account Subtitle or Location)  
U.S. Bank Acct Number: \_\_\_\_\_ (U.S. Bank Account Number deposited into)

**SHIPPING INFORMATION:** (Allow 3 days for processing the order, in addition to shipping time.)

**Shipping Method:**

**Mailing Address:**

Standard UPS Ground delivery (Allow 2-4 weeks)  
RUSH SHIPMENT (Additional charges paid by Investor)  
Fastrack \$29.95 Overnight

Attention to: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
(No P.O. Box)

**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:** NLAF Client Services Group  
1-888-535-0120

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

**FUND USE ONLY**

V2016.02	DATE	INITIALS
Processed		
Confirmed		