



# TRANSACTION REQUEST

Questions? Call 1-877-667-3523

**ACH/WIRE -  
TRANSFER -**

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

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

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.)

NLAF Account #: \_\_\_\_\_ Transaction Date: \_\_\_\_\_  
\$ Amount: \_\_\_\_\_ Sending Bank Name: \_\_\_\_\_

**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 using 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 establish a **NEW** instruction, you must complete the **ACH Setup** form or the **Wire Setup** form and fax it to the NLA Client Services Group.)

NLAF Account #: \_\_\_\_\_ Transaction Date: \_\_\_\_\_  
Bank Name: \_\_\_\_\_ \$ Amount: \_\_\_\_\_  
Bank Account #: \_\_\_\_\_ Beneficiary Name: \_\_\_\_\_  
ABA #: \_\_\_\_\_ \*Beneficiary Account #: \_\_\_\_\_  
\*Nickname: \_\_\_\_\_ \*Beneficiary Details: \_\_\_\_\_

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

From NLAF Account #: \_\_\_\_\_ To NLAF Account #: \_\_\_\_\_  
Transaction Date: \_\_\_\_\_ \$ Amount: \_\_\_\_\_

**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.**

<b>FAX TO:</b> NLA Client Services Group 1-888-535-0120	<b>MAIL TO:</b> NLA Client Services Group P.O. Box 11760 Harrisburg, PA 17108-1760
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FUND USE ONLY		
V2016.02	DATE	INITIALS
Processed		
Confirmed		