

Instructions: Please complete this form to initiate a transaction to or from your EPIC Account using pre-existing banking instructions or to notify the Pool of an incoming wire. Submit this form through Connect, or fax or mail this form to the fax number or address at the bottom of the page.

PARTICIPANT INFORMATION:

Participant Name: _____ **TIN:** _____
(Name that appears on Pool records) (Taxpayer Identification Number)

TRANSACTION TYPE: *(Please select a transaction type and complete the detailed instructions below.)*

Wire Purchase *(Your Entity's bank will wire the requested amount TO the Pool on the date listed below in order to purchase shares.)*

EPIC Account #: _____ Transaction Date: _____
 Transaction \$ Amount: _____ Sending Bank Name: _____

The wire or ACH instruction referenced below must already exist with the Pool. To set up new instructions, complete and submit either the Wire Setup or ACH Setup instruction form. (= Required fields)*

Wire Redemption *(The requested amount is to be wired FROM the Pool using the pre-existing wire instructions below.)*

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

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

*EPIC Account #: _____ *Transaction Date: _____
 *Bank Name: _____ *Transaction \$ Amount: _____
 *Bank Account #: _____ *Legal Account Owner: _____
 *ABA or Routing #: _____ Further Credit Account #: _____
 Nickname: _____ Further Credit to/Addenda Information: _____

TRANSFER *(Shares are to be transferred by the EPIC Client Services Group from one account to another within the same share class.)*

From EPIC Account #: _____ To EPIC Account #: _____
 Transaction Date: _____ Transaction \$ Amount: _____

SIGNATURE: *(Please have a Contact, who is authorized per Pool 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 containing sensitive information received by email will not be accepted. Please send by uploading through Connect, fax, or mail.

SEND VIA CONNECT: Log in to Account Access
 Existing Connect Click Secure Contact
 Users Only Select file to upload - Send message

FAX TO: EPIC Client Services Group
 1-888-535-0120

MAIL TO: EPIC Client Services Group
 P.O. Box 11813
 Harrisburg, PA 17108

POOL USE ONLY	
V2021.04	INITIALS
Processed	
Confirmed	