



Wire Setup Instructions

Questions? Call 1-800-729-7665

Instructions: Complete this form **ONLY** if you would like the CAMP Client Services Group to **add/remove** wire instructions. Submit this form through Connect, or fax or mail this form to the fax number or address at the bottom of the page.

Note: This form is only for wire instructions. Wire transfers are same-day electronic transfers of funds. Your new wire instruction may take the CAMP 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 CAMP Client Services Group, per your direction, to move money from CAMP to the institution specified below.

INVESTOR/PARTICIPANT INFORMATION: (Please enter the Investor's or Participant's name and Tax Identification Number.)

Investor/Participant Name: _____ **TIN:** _____
(Taxpayer Identification Number)

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

ACTION TYPE:

ADD REMOVE

BANKING INFORMATION:

*Bank Name: _____ *Bank Account #: _____
*Bank City: _____ *Legal Account Owner: _____
*Bank State: _____ Further Credit Account #: _____
*Wire ABA or Routing #: _____ Further Credit to: _____
Nickname: _____
(Unique name to identify this instruction)

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

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____

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

CAMP Account #: _____ Transaction Date: _____ \$ Amount: _____

SIGNATURE: (Please have a Contact, who is authorized per Trust 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: CAMP Client Services Group
1-888-535-0120

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

PROGRAM USE ONLY	
V2022.03	INITIALS
Processed	
Confirmed	