





(CHECKS – ENVELOPES)

<u>Instructions</u>: Complete this form to order checks from CAMP. Please fax the completed form to the CAMP Client Services Group at **1-888-535-0120**.

ACCOUNT and OR	DER TYPE: (Please	fill this section o	out comple	tely.)					
Investor/Participant	Name:						Т	IN:	
CAMP Account #:		(Name that appea	Name that appears on Program records)						(Taxpayer Identification Number)
CAIVIF ACCOUNT #.	(Ac	count # that check	s will clear o	ut of)					
New Order (For	new checks, please comp	lete the Check	writing A	uthorizatio	on form	and send al	ong with t	this docui	ment.)
Reorder (Please	attach a voided check or	a copy of the r	eorder fo	rm)					
CHECK DETAIL: (P	ease complete the check de	tail options belo	ow.) (* = 0	Optional)					
1. Pick a style:	3-Page Business (Manua	al)	Qua	ntity:	300	600	Other:		<u></u>
3-Page Business (Laser)		Quantity:		250	500	Other:			
	Classic 50 (Blue Only)		Qua	ntity:	50	100			
	Laser Checks		Qua	ntity:	250	500	Other:		
	Laser Check Pl	lacement:	Тор	Midd	le	Bottom			
2. Pick a color:	Blue Green	Burgundy	Tan	•	2 (
3. How many signati4. What is the startii	are lines are required on e	each check?	1 (If not r	2 vrovidod d	•	<i>n option for (</i> I be the star		•	• 1
	verse order is desired:		(II HOL Þ	noviueu, 1	TOT WIII	i be the star	ting thetr	x Hullibei	•,1
CHECK PERSONAL	.IZATION: (This info	rmation will ann	ear on the	ton left-ha	and corne	er of each che	ock Custo	m logos a	re not permitted)
		mation will app	cur on the	top icit iii	ina come	or caerrent	ck. Custo	m logos u	ie not permitted.)
Investor/Participant's Na CAMP Account T	itle						=		
Personalizat	ion						_		
Personalizat							_		
Personalizat	ioni								
ENVELOPES: (Availal	ole for Laser Checks only.)								
Pick a style:	Self-Sealing	Qua	ntity:	500	10	00 Othei	•		
, .	Regular Gum Seal		antity:	500	10		-		
SHIPPING INFORM	AATION: (Allow 3 day	s for processing	the order,	in addition	n to shipp	oing time.)			
Shipping Method:								<u>Mailing</u>	<u>g Address</u> :
Standard UPS Ground delivery (Allow 2 to 4 weeks)				Attention to:					
Rush Shipment (<i>Additional charges paid by Investor</i>) Fastrack \$29.95 Overnight			Physical Address: (No P.O. Box)			-			
Fastrack \$	Overnight			(/\	ю Р.О. В	OX)			
SIGNATURE: (Please	have a Contact, who is autho	orized per Progr	am record	s to initiate	purchas	es and reden	nptions of	shares, co	mplete and sign below.)
Authorized Signature		Date					Phone #	#	
Print or Type Name of Authori	zed Signatory	Title/Position					Email A	ddress	

Any document received by email will not be accepted. Please send by fax or mail.							
FAX TO:	CAMP Client Services Group	MAIL TO:	CAMP Client Services Group				
	1-888-535-0120		P.O. Box 11760				
			Harrisburg, PA 17108-1760				

PROGRAM USE ONLY							
V2015.10	DATE	INITIALS					
Processed							
Confirmed							