



# Wire Setup Instructions

Questions? Call 1-855-274-7468

**Instructions:** Complete this form **ONLY** if you would like the CSIP Client Services Group to **add or 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 CSIP 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 CSIP Client Services Group, per your direction, to move money from CSIP to the institution specified below.

**INVESTOR INFORMATION:** (Please enter your Entity's name and Tax Identification Number.)

**Investor Name:** \_\_\_\_\_ **TIN:** \_\_\_\_\_  
(Name that appears on Program records) (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 CSIP Account(s) below.)

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

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

CSIP Account #: \_\_\_\_\_ Transaction Date: \_\_\_\_\_ Transaction \$ Amount: \_\_\_\_\_

**SIGNATURE:** (Please have a Contact, who is authorized per Program 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.**

<b>SEND VIA CONNECT:</b> Log in to Account Access <i>Existing Connect</i> Click <input checked="" type="checkbox"/> Secure Contact <i>Users Only</i> Select file to upload - Send message	<b>FAX TO:</b> CSIP Client Services Group 1-888-535-0120	<b>MAIL TO:</b> CSIP Client Services Group P.O. Box 11813 Harrisburg, PA 17108
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PROGRAM USE ONLY	
V2022.04	INITIALS
Processed	
Confirmed	