



Order Form

Questions? Call 1-800-731-7150

(DEPOSIT TICKETS – ENDORSEMENT STAMPS – RE-INKING FLUID)

Instructions: Complete this form to order deposit tickets, endorsement stamps, and/or re-inking fluid. Submit this form through Connect, or fax or mail this form to the fax number or address at the bottom of the page.

ACCOUNT and ORDER TYPE: (Please fill this section out completely.)

Investor Name: _____
(Name that appears on Fund records)

TIN: _____
(Taxpayer Identification Number)

MAGIC Account Number: _____
(Account number for deposits)

New Order

Reorder (Please attach a copy of a current deposit ticket.)

ITEM DETAIL: (Please select the appropriate item and detail.)

Deposit Tickets

Style: 2-Part Bound Booklet (Standard) 3-Part Bound Booklet

Quantity: 200 400 Other: _____

Endorsement Stamp(s) (Additional charges paid by Investor)

Quantity: 1 2 Other: _____

Re-inking Fluid (Additional charges paid by Investor)

Quantity: 1 2 Other: _____

CAPTIONS: (Please fill this section out completely.)

Deposit Tickets

Personalization

MICR Line

Investor Name: _____
Account Subtitle: _____
Personalization: _____
Personalization: _____
Vault Number: _____ (If applicable)

Aux Number: _____
U.S. Bank Routing Number: _____
U.S. Bank Account Number: _____

Endorsement Stamp(s)

Pay To The Order of: _____ (Fund Investor Name)
Subtitle (Location): _____ (Fund Account Subtitle or Location)
U.S. Bank Acct Number: _____ (U.S. Bank Account Number deposited into)

SHIPPING INFORMATION: (Allow 3 days for processing the order, in addition to shipping time.)

Shipping Method:

Mailing Address:

Standard UPS Ground delivery (Allow 2-4 weeks)
RUSH SHIPMENT (Additional charges paid by Investor)
Fastrack \$39.95 Overnight

Attention to: _____
Physical Address: _____
(No P.O. Box)

SIGNATURE: (Please have a Contact, who is authorized per Fund records to initiate purchases and redemptions of shares, complete and 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: MAGIC Client Services Group
1-888-535-0120

MAIL TO: MAGIC Client Services Group
P.O. Box 11760
Harrisburg, PA 17108

FUND USE ONLY

V2022.08	INITIALS
Processed	
Confirmed	