



# PARTICIPANT TO PARTICIPANT TRANSFER SETUP

Questions? Call 1-800-731-7150

**Instructions:** Complete this form **ONLY** if you would like the MAGIC Client Services Group to add or remove Participant to Participant Transfer Instructions. After completion, submit this form through Connect, or fax or mail this form to the fax number or address at the bottom of this page.

**Note:** This form is only for Participant to Participant Transfers, which are transfers from your MAGIC account(s) to another Investor's MAGIC account(s) within the same investment option. MAGIC encourages you to notify the Receiving Investor(s) regarding the nature of each Participant to Participant Transfer. Your new Participant to Participant Transfer Instructions may take the MAGIC Client Services Group up to 24 hours to verify and set up on your account. The instructions and authorized signature below permits the MAGIC Client Services Group, per your direction, to establish transfer instructions to move money from your MAGIC account(s) to another Investor's MAGIC accounts.

**SENDING INVESTOR INFORMATION: (All fields in this section must contain Sending Investor information ONLY.)**

Investor Name: \_\_\_\_\_ TIN: \_\_\_\_\_  
(Name that appears on Fund records) (Taxpayer Identification Number)

List the MAGIC account number(s) to which this form applies:

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

**RECEIVING INVESTOR INFORMATION: (All fields in this section must contain Receiving Investor information ONLY.)**

Add	Remove	MAGIC Investor Name	MAGIC Account Number
		MAGIC Investor Name	MAGIC Account Number
		MAGIC Investor Name	MAGIC Account Number
		MAGIC Investor Name	MAGIC Account Number
		MAGIC Investor Name	MAGIC Account Number
		MAGIC Investor Name	MAGIC Account Number
		MAGIC Investor Name	MAGIC Account Number
		MAGIC Investor Name	MAGIC Account Number
		MAGIC Investor Name	MAGIC Account Number
		MAGIC Investor Name	MAGIC Account Number

**CERTIFICATION & SIGNATURE: (Please have a Contact, who is authorized per Fund records to update banking instructions, sign below.)**

I hereby certify that I have obtained authorization from the Receiving Investor(s) to initiate transfers to the MAGIC account(s) listed above.

_____	_____	_____
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 Users Only</i> Click <input type="checkbox"/> Secure Contact Select file to upload - Send message	<b>FAX TO:</b> MAGIC Client Services Group 1-888-535-0120	<b>MAIL TO:</b> MAGIC Client Services Group P.O. Box 11760 Harrisburg, PA 17108
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FUND USE ONLY	
V2022.08	INITIALS
Processed	
Confirmed	