



Transaction Request

Questions? Call 1-800-731-7150

ACH and Wire -
Transfer -

Instructions: Please complete this form to initiate a transaction to/from your MAGIC account using pre-existing banking instructions, to request a stop payment, or to notify the Fund of an incoming wire. Submit this form through Connect, or fax or mail this form to the fax number or address at the bottom of the page.

INVESTOR INFORMATION: (Please enter Investor's name.)

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

TIN: _____
(Taxpayer Identification Number)

TRANSACTION TYPE: (Please select a transaction type and complete the detail instructions below.)

Wire Purchase (Your Entity's bank will wire the requested amount **TO** the Fund on the date listed below in order to purchase shares.)

MAGIC Account #: _____ Transaction Date: _____

Transaction \$ Amount: _____ Sending Bank Name: _____

The wire or ACH instruction referenced below must already exist with the Pool. To set up new instructions, complete and submit either the **Wire Setup** or **ACH Setup** instruction form. (* = Required fields)

Wire Redemption (The requested amount is to be wired **FROM** the Fund using the pre-existing wire instructions below.)

ACH Purchase (The requested amount is to be transferred **TO** the Fund using pre-existing ACH instructions and available on the next business day.)

ACH Redemption (The requested amount is to be transferred **FROM** the Fund using pre-existing ACH instructions and available on the next business day.)

*MAGIC Account #: _____ *Transaction Date: _____
*Bank Name: _____ *Transaction \$ Amount: _____
*Bank Account #: _____ *Legal Account Owner: _____
*ABA or Routing #: _____ Further Credit Account #: _____
Nickname: _____ Further Credit to/Addenda Information: _____

TRANSFER (Shares are to be transferred by the MAGIC Client Services Group from one account to another within the same share class.)

From MAGIC Account #: _____ To MAGIC Account #: _____

Transaction Date: _____ Transaction \$ Amount: _____

SIGNATURE: (Please have a Contact, who is authorized per Fund 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: 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	