



# Transaction Request

Questions? Call 1-800-731-7150

**ACH/WIRE -  
TRANSFER -  
STOP PAYMENTS -**

**Instructions:** Please complete this form if you would like MAGIC to (1) initiate a transaction to/from your MAGIC account using pre-existing banking instructions or (2) notify the Fund of an incoming wire. After completion, please fax this form to the MAGIC Client Services Group at 1-888-535-0120.

**INVESTOR INFORMATION:** (Please enter the 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.) (\* = Optional fields)

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

MAGIC Account #: \_\_\_\_\_ Transaction Date: \_\_\_\_\_ \$ Amount: \_\_\_\_\_  
Share Class: MAGIC      Sending Bank: \_\_\_\_\_

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

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

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

(The instructions below must be on file with the Fund. If you want to use a **NEW** instruction, you must complete the **ACH Instructions** form or the **Wire Instructions** form and fax it to the Client Services Group.)

MAGIC Account #: \_\_\_\_\_ Transaction Date: \_\_\_\_\_  
Bank Name: \_\_\_\_\_ Share Class: MAGIC  
Bank Account #: \_\_\_\_\_ \$ Amount: \_\_\_\_\_  
ABA #: \_\_\_\_\_ Beneficiary Name: \_\_\_\_\_  
\*Nickname: \_\_\_\_\_ \*Beneficiary Account #: \_\_\_\_\_  
\*Beneficiary Details: \_\_\_\_\_

**TRANSFER** (Money is to be transferred by the Client Services Group from one account to another.)

From MAGIC Account #: \_\_\_\_\_ To MAGIC Account #: \_\_\_\_\_  
Share Class: MAGIC      Transaction Date: \_\_\_\_\_ \$ Amount: \_\_\_\_\_

**STOP PAYMENT** (The Client Services Group will place a stop payment on the desired check(s) listed below.)

MAGIC Account #: \_\_\_\_\_ Payee: \_\_\_\_\_  
Check #: \_\_\_\_\_ Issue Date: \_\_\_\_\_  
\$ Amount: \_\_\_\_\_ Reason: \_\_\_\_\_  
Additional Notes: \_\_\_\_\_

**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 received by email will not be accepted. Please send by fax or mail.**

**FAX TO:** MAGIC Client Services Group  
1-888-535-0120

**MAIL TO:** MAGIC Client Services Group  
P.O. Box 11760  
Harrisburg, PA 17108-1760

**FUND USE ONLY**

V2015.02	DATE	INITIALS
Processed		
Confirmed		