Wire Setup Instructions

Questions? Call 1-877-495-8246

Instructions: Complete this form **ONLY** if you would like the FL PALM Client Services Group to **add or remove** wire instructions. Submit this form through EON, 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 FL PALM 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 FL PALM Client Services Group, per your direction, to move money from FL PALM to the institution specified below.*

PARTICIPANT/INVESTOR INFORMATION: *(Please enter your Entity's name and Tax Identification Number.)* CSGV2021.03

Participant/Investor Name: _____ (Name that appears on Fund records) **TIN:** ___ - _____ (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 FL PALM 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.)*

FL PALM 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.)*

X *Please print form and sign with blue or black ink.* _____ 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 EON, fax, or mail.

SEND VIA EON: (For Existing EON Users only)	Log into Account Access Click 'Contact' link Select file to upload - Send message	**FAX TO:**	FL PALM Client Services Group 1-800-252-9551	**MAIL TO:**	FL PALM Client Services Group P.O. Box 11760 Harrisburg, PA 17108-1760

Print Form

Clear Form