



Questions? Call 1-877-495-8246

<u>Instructions</u>: Complete this form only if you would like the FL PALM Client Services Group to **add or remove** ACH instructions for your Entity. Submit this form through Connect, or fax or mail this form to the fax number or address at the bottom of the page.

Note: This form is only for ACH instructions. ACH payments are financial transactions handled through the Automated Clearing House (ACH). ACH payments are not the same as wire transfers and are not same-day transactions. Your new ACH 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 ACH instructions and authorized signature below permit FL PALM, per your direction, to move money to the institution designated below from FL PALM or from the institution designated below to FL PALM. If the bank Account listed below has ACH filters, please contact your bank to authorize FL PALM to process ACH transactions against your bank Account.

PARTICIPANT/INVESTOR INFORMATION: (Please enter your Entity's name and Tax Identification Number.)						
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: *ACH ABA or Routing #: Addenda Information:	*Bank *Legal Accou	Account #: Int Owner: Nickname: (Unique name to identify this instruction)				
*Bank Account Type: Checking S	Savings	(Onique name to identify this instruction)				
Please add/remove the above instructions to 1	6	Please list the specific FL PALM Account(s) below.)				
TRANSACTION REQUEST: (Complete this section to in	nitiate a transaction using the new instructions	above. Transactions may take 24 hours to process.)				
FL PALM Account #:	Transaction Date:					
Transaction \$ Amount:	Transaction Type:	Purchase (Move funds to the FL PALM Account				
		Redemption (Move funds <u>from</u> the FL PALM Account				
SIGNATURE: (Please have a Contact per Fund records w	ho is authorized to update banking instructions	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	FAX TO:	FL PALM Client Services Group	MAIL TO:	FL PALM Client Services Group	
Existing Connect	Click Secure Contact		1-800-252-9551		P.O. Box 11813	
Users Only	Select file to upload - Send message				Harrisburg, PA 17108	

FUND USE ONLY				
V2022.03	INITIALS			
Processed				
Confirmed				