



TRANSACTION REQUEST

Questions? Call 1-800-729-7665

**ACH/WIRE -
TRANSFER -
STOP PAYMENT -**

Instructions: Please complete this form if you would like CAMP to (1) initiate a transaction to/from your CAMP account using pre-existing banking instructions, (2) request a stop payment, or (3) notify the Program of an incoming wire. After completion, please fax this form to the CAMP Investor Support Services group at 1-888-535-0120.

INVESTOR/PARTICIPANT INFORMATION: (Please enter the Investor's/Participant's name.)

Investor/Participant Name: _____

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 Program on the date listed below in order to purchase shares.)

CAMP Account #: _____ Transaction Date: _____ \$ Amount: _____
Sending Bank Name: _____

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

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

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

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

CAMP Account #: _____ Transaction Date: _____
Bank Name: _____ \$ Amount: _____
Bank Account #: _____ Beneficiary Name: _____
ABA #: _____ *Beneficiary Account #: _____
*Nickname: _____ *Beneficiary Details: _____

TRANSFER (Money is to be transferred by the Investor Support Services group from one account to another.)

From CAMP Account #: _____ To CAMP Account #: _____
Transaction Date: _____ \$ Amount: _____

STOP PAYMENT (A stop payment is to be placed on the check listed below.)

CAMP Account #: _____ Payee: _____
Check #: _____ Issue Date: _____
\$ Amount: _____ Reason: _____

SIGNATURE: (Please have a person authorized per Program records complete and 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: CAMP Investor Support Services
1-888-535-0120

MAIL TO: CAMP Investor Support Services
P.O. Box 11760
Harrisburg, PA 17108-1760

PROGRAM USE ONLY

V2012.11	DATE	INITIALS
Processed		
Confirmed		