

## BANK ACCOUNT INFORMATION

### ACH Instructions (Add/Change/Delete)

The Entity authorizes the Fund to initiate Automated Clearing House (ACH) debits/credits to the bank account indicated below. The Entity acknowledges that the origination of the ACH transactions must comply with the provisions of U.S. law. This authorization is to remain in full force and effect until the Fund receives written notification from the Entity of its termination at least 10 business days prior to the next scheduled payment. **The Fund, the Administrator and PMA are not responsible for ACH transaction failure caused by inaccurate or incomplete information, or for any losses, damages, liabilities, costs or expenses arising out of these instructions if properly followed.**

#### Section A: Fund Account Information

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Client Name: \_\_\_\_\_

Fund Account Master: \_\_\_\_\_

All Sub-Accounts: \_\_\_\_\_

Limited to Sub-Account(s): \_\_\_\_\_

#### Section B: Bank Account Information (ACH Instructions)

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Add                      Change Existing Wire ID #s \_\_\_\_\_                      Delete Existing Wire ID #s \_\_\_\_\_

Beneficiary Bank Name: \_\_\_\_\_

ABA Routing Number (9 digits): \_\_\_\_\_

Beneficiary Account Number: \_\_\_\_\_

Beneficiary Account Name (22 characters max): \_\_\_\_\_

ACH Addendum (35 characters max): \_\_\_\_\_

#### Section C: Authorization

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This section must be signed by an authorized person as designated in the Master Account Application or the Primary Contact, or the Authorized Personnel Information forms.

Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

*\*By signing this form, you hereby acknowledge that the appropriate due diligence has been performed to verify the validity of these instructions.*