



Transaction Request

Questions? Call 1-866-839-8376

**ACH/WIRE -
TRANSFER -**

Instructions: Please complete this form if you would like TexasTERM to (1) initiate a transaction to/from your TexasTERM account using pre-existing banking instructions or (2) notify the Pool of an incoming wire. After completion, please fax this form to the TexasTERM Client Services Group at 1-800-252-9551.

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

Investor Name: _____ (Name that appears on Pool 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 Pool on the date listed below in order to purchase shares.)

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

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

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

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

(The instructions below must be on file with the Pool. 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.)

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

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

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

SIGNATURE: (Please have a person authorized per Pool 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: TexasTERM Client Services Group
1-800-252-9551

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

POOL USE ONLY

V2014.10	DATE	INITIALS
Processed		
Confirmed		