



ORDER FORM

Questions? Call 1-800-731-6830

(DEPOSIT TICKETS – ENDORSEMENT STAMPS – RE-INKING FLUID)

Instructions: Complete this form to order deposit tickets, endorsement stamps, and/or re-inking fluid. Please fax the completed form to the IPDLAF+ Class Client Services Group at 1-888-535-0120.

ACCOUNT and ORDER TYPE: (Please fill this section out completely.)

Investor Name: _____
(Name that appears on Trust records)

TIN #: _____
(Taxpayer Identification Number)

IPDLAF+ Class Account #: _____
(Account # that checks will clear out of)

New Order

Reorder (Please attach a copy of a current deposit ticket with any necessary changes.)

ITEM DETAIL: (Please select the appropriate item and detail.)

Deposit Tickets

Style: 2-Part Bound Booklet (Standard) 3-Part Bound Booklet
Quantity: 200 400 Other: _____

Endorsement Stamp(s) (Additional charges paid by Investor)

Quantity: 1 2 Other: _____

Re-inking Fluid (Additional charges paid by Investor)

Quantity: 1 2 Other: _____

CAPTIONS: (Please fill this section out completely.)

Deposit Tickets (For New Orders Only)

Entity's Name: _____ (Trust Investor Name)
IPDLAF+ Class Account Name: _____ (Trust Account Subtitle)
IPDLAF+ Class Account Number: _____ (Trust Account # being credited)
Location Description: _____ (Limit to 33 characters)
U.S. Bank Account Number: _____ (U.S. Bank Account # deposited into)
Aux #: _____ (If applicable, must be 10 digits, leading zeros)
Vault #: _____ (If applicable, must be 5 digits)

Endorsement Stamp(s)

Pay To The Order of: _____ (Trust Investor Name)
Subtitle (Location): _____ (Trust Account Subtitle or Location)
U.S. Bank Acct #: _____ (U.S. Bank Account # deposited into)

SHIPPING INFORMATION: (Allow 3 days for processing the order, in addition to shipping time.)

Shipping Method:

Standard UPS Ground delivery (Allow 2-4 weeks)
RUSH SHIPMENT (Additional charges paid by Investor)
Fastrack \$29.95 Overnight

Mailing Address:

Attention to: _____
Physical Address: _____
(No P.O. Box)

SIGNATURE: (Please have a Contact, who is authorized per Trust records to initiate purchases and redemptions of shares, 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: IPDLAF+ Class Client Services Group
1-888-535-0120

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

TRUST USE ONLY

V2015.04	DATE	INITIALS
Processed		
Confirmed		