



# Wire Setup Instructions

Questions? Call 1-866-839-8376

**Instructions:** Complete this form **ONLY** if you would like the TexasTERM Client Services Group to **add/remove** wire instructions. After completion, fax this form to the Client Services Group at **1-800-252-9551**.

**Note:** This form is only for wire instructions. Wire transfers are same-day electronic transfers of funds. Your new wire instruction may take the 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 wire instructions and authorized signature below permits the Client Services Group, per your direction, to move money from TexasTERM to the institution specified below.

**INVESTOR INFORMATION:** (Please enter the Investor's name and Tax Identification Number.)

Investor Name: \_\_\_\_\_ TIN #: \_\_\_\_\_  
(Taxpayer Identification Number)

**INSTRUCTION DETAIL:** (Please select an action type and complete the detail instructions below.) (\* = Optional fields)

**ACTION TYPE:**

ADD REMOVE

**BANKING INFORMATION:**

Bank Name: \_\_\_\_\_ Bank Account #: \_\_\_\_\_  
Bank City: \_\_\_\_\_ Beneficiary Name: \_\_\_\_\_  
Bank State: \_\_\_\_\_ \*Beneficiary Account #: \_\_\_\_\_  
Wire ABA or Routing #: \_\_\_\_\_ \*Beneficiary Details: \_\_\_\_\_  
\*Nickname: \_\_\_\_\_  
(Unique name to identify this instruction)

**Please add/remove the above instructions to/from the account(s) listed below:** (Please list the specific TexasTERM account(s) below.)

- 1. \_\_\_\_\_ 6. \_\_\_\_\_
- 2. \_\_\_\_\_ 7. \_\_\_\_\_
- 3. \_\_\_\_\_ 8. \_\_\_\_\_
- 4. \_\_\_\_\_ 9. \_\_\_\_\_
- 5. \_\_\_\_\_ 10. \_\_\_\_\_

**TRANSACTION REQUEST:** (Complete this section to initiate a transaction using the new instructions above. Transactions may take 24 hours to process.)

Account #: \_\_\_\_\_ Transaction Date: \_\_\_\_\_ \$ Amount: \_\_\_\_\_

**SIGNATURE:** (Please have a person authorized per Pool records 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		