

FUND TRANSACTION INSTRUCTION SHEET

Please return via fax to 501-682-1417.

Request Date: _____ Transaction Date: _____

Participant's Phone Number: _____

Transaction Type: () Deposit () Withdrawal () Transfer

Transaction Description: Withdraw From Fund Account Number: _____

Deposit to Fund Account Number: _____

Amount: _____

Entity Name: _____

Authorized Signature: _____

Typed/Printed Name and Title: _____

Bank's Name: _____

Bank's Account Number: _____

FOR FUND USE ONLY

Ticket # _____

Correspondent
Bank Name _____

Bank T/R # _____ Account Balance _____

Correspondent Bank T/R# _____