

1251 Waterfront Place, Suite 525  
 Pittsburgh, PA 15222  
 435 S. Chapelle Street, Suite D  
 Pierre, SD 57501  
 1-800-693-7800  
 www.macg.com

# MATC Periodic Investment Plan (PIP)



**This Periodic Investment Plan ("PIP") Request authorizes scheduled ACH Pulls from Account Owner's Bank Account for Credit to Account Owner's MATC Account using the instructions provided. There must be a common name on both accounts. For IRA accounts, this form can only be used for Current Year Contributions, and these transactions will be classified as such. **\*\*Please include a copy of a voided check along with this form for verification.****

### ACCOUNT INFORMATION

<b>MATC Account Number</b>	<b>MATC Account Name</b>	<b>Is an IRA?</b>
		Y N
<b>Account Owner Name</b>	<b>Account Owner's SSN</b>	
<b>Joint Account Owner Name</b>	<b>Joint Account Owner's SSN</b>	

Replace existing PIP with these new instructions.

Cancel existing PIP without replacing.

### PERIODIC INVESTMENT PLAN INSTRUCTIONS

If selected day is a non-business day, transaction will be processed on the next business day.

<b>Fixed Pull Amount</b>	<b>Frequency</b>	<b>Day of Month for Processing (1-30)</b>	<b>First Pull Month</b>	<b>Last Pull Date</b>
	Annual Quarterly Monthly			
<b>ABA#</b>	<b>Bank Name</b>		<b>Type</b>	
			CHECKING	SAVINGS
<b>Bank Account #</b>	<b>Bank Account Name</b>			

Confirm that MATC is permitted to process ACH Pull (debits) from the above account.

### AUTHORIZATION AND SIGNATURE

By signing this form, you:

- 1) Authorize and request MATC to perform the above withdrawal from the banking instructions indicated for credit to the MATC Account listed.
- 2) Certify that the information supplied on this form is complete and accurate. You acknowledge that the ACH transactions must comply with U.S. Law.
- 3) Certify under penalty of perjury that, if you are a U.S. citizen or other U.S. person (including a resident alien), the number shown above is your correct Social Security number (or taxpayer identification number).
- 4) Indemnify MATC and its agent(s), successors, affiliates, and employees from and against any and all claims, demands, losses, liability, or expenses, to include attorney's fees and costs, that result directly or indirectly from the debiting or crediting of an entry to or from the above accounts, which results directly or indirectly from any act or omission by MATC, excepting willful misconduct or gross negligence. This indemnification includes any liability incurred in the event that you fail to meet the IRS requirements regarding transactions in the above account.
- 5) Understand that this authorization may be terminated by you at any time by written and signed notification to MATC. Any such notification shall be effective only with respect to entries initiated after receipt of such notification and a reasonable time to act upon it. MATC is not responsible for any bank overdraft fees if funds are insufficient at scheduled time of request.

<b>Account Owner Name</b>	
<b>Account Owner Signature</b>	<b>Date:</b>

<b>Joint Account Owner Name</b>	
<b>Joint Owner Signature</b>	<b>Date:</b>

\*\*\*Advisors: Please return completed form and voided check to: [MATC.Cashiering@macg.com](mailto:MATC.Cashiering@macg.com) or raise an issue on the MATC website\*\*\*