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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

MATC Account Number	MATC Account Name	Is an IRA?
		Y N
Account Owner Name	Account Owner's SSN	
Joint Account Owner Name	Joint Account Owner's SSN	

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.

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

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.

Account Owner Name	
Account Owner Signature	Date:

Joint Account Owner Name	
Joint Owner Signature	Date:

Advisors: Please return completed form and voided check to: requests@macg.com or raise an issue on the MATC website