



Brinker Capital
Investments, LLC
ACH ENROLLMENT FORM

This form is used for Automated Clearing House (ACH) payments. By your signature below, you authorize Brinker Capital Investments, LLC ("Brinker") to initiate entries to the account at the depository financial institution identified below. Please complete the form in full and return to the attention of the Accounts Payable Department either by mail or fax. Please include a copy of a voided check and a completed W-9. This authorization will remain in effect until Brinker receives written notification from you.

Fax: 402-431-4441
Address: 17605 Wright Street
Omaha, NE 68130

PAYEE/COMPANY INFORMATION

NAME:		SSN NO. OR TAXPAYER ID NO.:	
ADDRESS:			
CONTACT PERSON NAME:		CONTACT PERSON EMAIL ADDRESS:	
SIGNATURE OF AUTHORIZED OFFICIAL:	Title:	Date:	TELEPHONE NUMBER:

FINANCIAL INSTITUTION INFORMATION

NAME:	
ADDRESS:	
TELEPHONE NUMBER:	
NINE-DIGIT ROUTING TRANSIT NUMBER:	
DEPOSITOR ACCOUNT TITLE:	
DEPOSITOR ACCOUNT NUMBER:	
TYPE OF ACCOUNT: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOCKBOX	