



PARTICIPANT TO PARTICIPANT TRANSFER SETUP

Questions? Call 1-800-731-6830

Instructions: Complete this form **ONLY** if you would like the IPDLAF+ Class Client Services Group to add or remove Participant to Participant Transfer Instructions. After completion, submit this form through Connect, or fax or mail this form to the fax number or address at the bottom of this page.

Note: This form is only for Participant to Participant Transfers, which are transfers from your IPDLAF+ Class Account(s) to another Investor's IPDLAF+ Class Account(s) within the same investment option. IPDLAF+ encourages you to notify the Receiving Investor(s) regarding the nature of each Participant to Participant Transfer. Your new Participant to Participant Transfer Instructions may take the IPDLAF+ Class Client Services Group up to 24 hours to verify and set up on your Account. The instructions and authorized signature below permits the IPDLAF+ Class Client Services Group, per your direction, to establish transfer instructions to move money from your IPDLAF+ Class Account(s) to another Investor's IPDLAF+ Class Account(s).

SENDING INVESTOR INFORMATION: (All fields in this section must contain Sending Investor information ONLY.)

Investor Name: _____ TIN: _____
(Name that appears on Trust records) (Taxpayer Identification Number)

List the IPDLAF+ Class Account number(s) to which this form applies:

- | | | |
|----------|----------|----------|
| 1. _____ | 4. _____ | 7. _____ |
| 2. _____ | 5. _____ | 8. _____ |
| 3. _____ | 6. _____ | 9. _____ |

RECEIVING INVESTOR INFORMATION: (All fields in this section must contain Receiving Investor information ONLY.)

Add	Remove	IPDLAF+ Class Investor Name	IPDLAF+ Class Account Number
		IPDLAF+ Class Investor Name	IPDLAF+ Class Account Number
		IPDLAF+ Class Investor Name	IPDLAF+ Class Account Number
		IPDLAF+ Class Investor Name	IPDLAF+ Class Account Number
		IPDLAF+ Class Investor Name	IPDLAF+ Class Account Number
		IPDLAF+ Class Investor Name	IPDLAF+ Class Account Number
		IPDLAF+ Class Investor Name	IPDLAF+ Class Account Number
		IPDLAF+ Class Investor Name	IPDLAF+ Class Account Number
		IPDLAF+ Class Investor Name	IPDLAF+ Class Account Number

CERTIFICATION & SIGNATURE: (Please have a Contact, who is authorized per Trust records to update banking instructions, sign below.)

I hereby certify that I have obtained authorization from the Receiving Investor(s) to initiate transfers to the IPDLAF+ Class Account(s) listed above.

_____ Authorized Signature	_____ Date	_____ Phone #
_____ Print or Type Name of Authorized Signatory	_____ Title/Position	_____ Email Address

Any document containing sensitive information received by email will not be accepted. Please send by uploading through Connect, fax, or mail.

SEND VIA CONNECT: Log in to Account Access <i>Existing Connect</i> Click <input checked="" type="checkbox"/> Secure Contact <i>Users Only</i> Select file to upload - Send message	FAX TO: Illinois Trust Client Services Group 1-888-535-0120	MAIL TO: Illinois Trust Client Services Group P.O. Box 11760 Harrisburg, PA 17108
--	---	--

TRUST USE ONLY

V2022.04	INITIALS
Processed	
Confirmed	