## **Trustee Verification**



## Questions? Call 1-800-731-6830

Schedule A

<u>Instructions:</u> This document should be completed in addition to the <u>Illinois Portfolio - IPDLAF+ Class Trusteed Account Application</u> when a Trustee is opening a Trustee-held Account for the benefit of an Investor. Please have all three interested parties sign and date this document. Once completed, submit this form through Connect, or fax or mail this form to the fax number or address at the bottom of this page.

			IPDLAF+ Class Account #:				
				( Use Only)			
SCH	EDULE A DETAIL: (Please read, complet	e, sign and date this section.)					
\ Tri	istee-held Account should be opened i	n IPDLAF+ Class. The undersigned hereby ack	anowledge.				
· 110	istee field Account should be opened i	THE Undersigned hereby der	mowicuge.				
1.	The Account is for the benefit of the	following Investor:					
2.	The undersigned reviewed and are f	(Enter the name of the IPDLAF+ Class Investor.)					
۷.	The undersigned reviewed, and are i	igned reviewed, and are familiar with, the relevant trust document. A copy of the first page of the trust document is attached.					
3.	Based on our review of the trust document, we have determined or confirmed that:						
	a. The Fiduciary, Trustee, or Fiscal	Agent which has been appointed under the t	rust document is:				
	(Fiduciary, Trustee or Fiscal Agent.)						
	b. IPDLAF+ Class is an authorized invest in the Trust.	investment under the trust document, and t	he Trustee is authorized to open the Account	t in the Trust and to			
4.	·	th respect to opening and closing the Accou	of the Investor, and the Trustee will be authount, requesting changes to Account information	, ,			
Investor Authorized Signatory		Title	Signature	Date			
Trustee, Fiduciary, or Fiscal Agent		Title	Signature	Date			
ſRU	ST USE ONLY:						
Illinois Trust Representative		Title	Signature	Date			
	ois must representative	Title	Signature	bute			
REQ	UIRED DOCUMENTATION: (Please in	clude the following required documents with this S	chedule A.)				
• N	lew Investor Application  DNLY FOR NEW INVESTORS)	Trusteed Account Application	Trust Document (A copy of the	first page)			
• C	Contact Record (New Contacts Only)	<ul><li>Permissions</li></ul>					

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	FAX TO:	Illinois Trust Client Services Group	MAIL TO:	Illinois Trust Client Services Group		
Existing Connect	Click M Secure Contact		1-888-535-0120		P.O. Box 11760		
Users Only	Select file to upload - Send message				Harrisburg, PA 17108		

TRUST U	TRUST USE ONLY					
V2022.04	INITIALS					
Processed						
Confirmed						