

## **Transaction Request**

ACH and Wire -Transfer -

<u>Instructions</u>: Please complete this form to initiate a transaction to/from your IPDLAF+ Class account using pre-existing banking instructions or to notify the Trust of an incoming wire. Submit this form through Connect, or fax or mail this form to the fax number or address at the bottom of the page.

INVESTOR INFORMATION: (Please enter the Investor's name and Tax Identification Number.)								
Investor Name:		TIN:						
	(Name that appears on Trust records)	(Taxpayer Identification Number)						
TRANSACTION TYPE: (Please select a transaction type and complete the detail instructions below.)								
Wire Purchase (Your Entity's bank will wire the requested amount TO the Trust on the date listed below in order to purchase shares.)								
IPDLAF+ Class Account #:	Transaction Date:							
Transaction \$ Amount:	Sending Bank Name:							
The wire or ACH instruction referenced below must already exist with the Pool. To set up new instructions, complete and submit either the Wire Setup or ACH Setup instruction form. (* = Required fields)								
Wire Redemption (The requested amount is to be wired FROM the Trust using the pre-existing wire instructions below.)								
ACH Purchase (The requested amount is to	o be transferred <b>TO</b> the Trust using pre-existing	ACH instructions and available on the next business day.)						
ACH Redemption (The requested amount is to be transferred FROM the Trust using pre-existing ACH instructions and available on the next business day.)								
*IPDLAF+ Class Account #:		*Transaction Date:						
*Bank Name:	*Transaction \$ Amount:							
*Bank Account #:								
*ABA or Routing #:								
Nickname:	Further Credit to/	Addenda Information:						
TRANSFER (Shares are to be transferred by the Illinois Trust Client Services Group from one account to another within the same share class.)								
From IPDLAF+ Class Account #:	To IPDLAF+ Class Account #:							
Transaction Date:	Transaction \$ Amount:							
SIGNATURE: (Please have a Contact, who is authorized per Trust records to initiate purchases and redemptions of shares, sign below.)								
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	FAX TO:	Illinois Trust Client Services Group	MAIL TO:	Illinois Trust Client Services Group		
Existing Connect	Click Secure Contact		1-888-535-0120		P.O. Box 11760		
Users Only	Select file to upload - Send message				Harrisburg, PA 17108		

TRUST USE ONLY				
V2022.04	INITIALS			
Processed				
Confirmed				