



Wire Setup Instructions

Questions? Call 1-800-731-6830

Instructions: Complete this form **ONLY** if you would like the Illinois Trust Client Services Group to **add or remove** wire instructions. Submit this form through Connect, or fax or mail this form to the fax number or address at the bottom of the page.

Note: This form is only for wire instructions. Wire transfers are same-day electronic transfers of funds. Your new wire instruction may take the Illinois Trust Client Services Group up to 24 hours to verify and set up on your Account. Please take this into consideration when requesting a transaction. The wire instructions and authorized signature below permits the Illinois Trust Client Services Group, per your direction, to move money from IPDLAF+ Class to the institution specified below.

INVESTOR INFORMATION: (Please enter your Entity's name and Tax Identification Number.)

Investor Name: _____
(Name that appears on Trust records)

TIN: _____
(Taxpayer Identification Number)

INSTRUCTION DETAIL: (Please select an action type and complete the detail instructions below.) (* = Required fields)

ACTION TYPE:

Add Remove

BANKING INFORMATION:

*Bank Name: _____

*Bank Account #: _____

*Bank City: _____

*Legal Account Owner: _____

*Bank State: _____

Further Credit Account #: _____

*Wire ABA or Routing #: _____

Further Credit to: _____

Nickname: _____
(Unique name to identify this instruction)

Please add/remove the above instructions to/from the Account(s) listed below: (Please list the specific IPDLAF+ Class Account(s) below.)

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

WIRE REDEMPTION: (Complete this section to initiate a transaction using the new instruction above. Transactions may take 24 hours to process.)

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
Existing Connect Click Secure Contact
Users Only 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	