Wire Setup Instructions

Questions? Call 1-800-572-1472

Instructions: Complete this form **ONLY** if you would like the PLGIT Client Services Group to **add/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 PLGIT 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 PLGIT Client Services Group, per your direction, to move money from PLGIT to the institution specified below.*

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

CSGV2022.05

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 PLGIT account(s) below.)

1. _____	6. _____	11. _____	16. _____	21. _____
2. _____	7. _____	12. _____	17. _____	22. _____
3. _____	8. _____	13. _____	18. _____	23. _____
4. _____	9. _____	14. _____	19. _____	24. _____
5. _____	10. _____	15. _____	20. _____	25. _____

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

PLGIT Account #: _____ Transaction Date: _____

$ Amount: _____ Share Class: ☐ PLGIT-Class ☐ PLGIT/PRIME

SIGNATURE: (Please have a Contact, who is authorized per Trust records to initiate purchases and redemptions of shares, sign below.)

X *Please print form and sign with blue or black ink.* _____ 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:**	PLGIT Client Services Group	**MAIL TO:**	PLGIT Client Services Group
Existing Connect Users Only	Click ✉ Secure Contact		1-800-252-9551		P.O. Box 11760
	Select file to upload - Send message				Harrisburg, PA 17108-1760

Print Form

Clear Form