



ACH Setup Instructions

Questions? Call 1-800-572-1472

Instructions: Complete this form **ONLY** if you would like the PLGIT Client Services Group to **add or remove** ACH instructions for your Entity. After completion, fax or mail this form to the PLGIT Client Services Group at **1-800-252-9551**.

Note: This form is only for ACH instructions. ACH payments are financial transactions handled through the Automated Clearing House (ACH). ACH payments are not the same as wire transfers and are not same-day transactions. Your new ACH 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 ACH instructions and authorized signature below permit PLGIT, per your direction, to move money to the institution designated below from PLGIT or from the institution designated below to PLGIT. If the bank account listed below has ACH filters, please contact your bank to authorize PLGIT to process ACH transactions against your bank account.

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

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

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

ACTION TYPE:
 ADD *REMOVE*

BANKING INFORMATION:

Bank Name: _____ Bank Account #: _____
 ACH ABA or Routing #: _____ Account Name: _____
 *Addendum Details: _____ *Nickname: _____
(Unique name to identify this instruction)
 Bank Account Type: Checking Savings

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. _____ |

TRANSACTION REQUEST: (Complete this section to initiate a transaction using the new instructions above. Transactions may take 24 hours to process.)

PLGIT Account #: _____ Transaction Date: _____
 \$ Amount: _____ Transaction Type: Purchase (Move funds **to** our PLGIT account listed)
 Share Class: PLGIT-Class PLGIT/PLUS-Class PLGIT/PRIME Redemption (Move funds **from** our PLGIT account listed)

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

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

Any document received by email will not be accepted. Please send by fax or mail.

FAX TO: PLGIT Client Services Group 1-800-252-9551	MAIL TO: PLGIT Client Services Group P.O. Box 11760 Harrisburg, PA 17108-1760
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TRUST USE ONLY		
V2016.02	DATE	INITIALS
Processed		
Confirmed		