



ACCOUNT APPLICATION

Questions? Call 1-800-572-1472

Instructions: Use this application to open an account with PLGIT. If this is the Investor's first account in PLGIT, you must include a completed PLGIT *New Investor Application* for this form to be processed. Please fax or mail this completed application to your PLGIT Representative at the fax number or address listed at the bottom of this application. The new account will be opened and available to receive deposits after all completed documentation and signatures have been reviewed and accepted.

PLGIT ACCOUNT #: _____
(Trust Use Only)

INVESTOR INFORMATION: (All fields in this section must contain Investor information ONLY.)

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

Account Title: _____ (New account name to display on Trust records)

Is this account being set up for bond proceeds? No Yes (If yes, please complete the Bond Issue Information - Schedule A and send with this document.)

Pay dividends by reinvestment in: This account Other PLGIT account: _____ (Account Number or Account Name)

INVESTMENT OPTIONS: (Please select the investment option(s) that your entity may participate or invest in.)

As a Contact authorized to make investment decisions for the entity listed above, I certify that the selected investments below are permitted investments for the moneys to be invested.

- PLGIT-Class, PLGIT/PLUS-Class, and PLGIT/I-Class
- PLGIT/ARM (Bond Proceeds Only)
- PLGIT/ PRIME
- PLGIT-CD Purchase Program (Individual Account Investment Advisory Agreement required)
- PLGIT/ARM Individual Portfolio (Individual Portfolio Agreement required)
- PLGIT/TERM

Note: I hereby acknowledge that the investment option(s) selected above should be added to the pre-established account listed in the Investor Information section. Any contact(s), their permission(s), and the banking instructions on record with this account should not be altered in any way. _____ (Initial only if you are adding an investment option to a pre-established account.)

TRANSACTION OPTIONS: (Please select the option(s) that will apply to the new account. At least one redemption method must be selected.)

ACH Redemption/Purchase: The Trust is hereby authorized to honor requests by any authorized Contact(s) to initiate next-day ACH transactions from/to the bank account listed below. If available, please attach a voided check to this document for verification.

Bank Name: _____ City/State: _____ / _____

Account Name: _____ Bank Account #: _____ ABA#: _____

Redemption by Transfer: Shares will be redeemed by transferring money from this account to the existing PLGIT account listed below:

PLGIT Account Name: _____ PLGIT Account #: _____

Wire Redemption: The Trust is hereby authorized to honor requests by any authorized Contact(s) to wire transfer money from the Trust to the following bank account:

Bank Name: _____ City/State: _____ / _____

Beneficiary Name: _____ Bank Account #: _____ ABA#: _____

Beneficiary Details: _____ Beneficiary Account #: _____

(If applicable)

(If applicable)

Check Redemption: Please complete the Checkwriting Authorization form and send along with this document.

REQUIRED DOCUMENTATION: (In addition to this form, the following documents are required to open this account.)

- Permissions
- Contact Record (New Contacts Only)

SIGNATURES: (Please have a Contact per Trust records who is authorized to open new accounts sign below.)

Print or Type Name of Authorized Signatory

Title/Position

Authorized Signature

Date

PLGIT Representative Signature

Date

Principal Approval Signature

Date

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

TRUST USE ONLY

V2016.04	DATE	INITIALS
Processed		
Confirmed		