

CHECKWRITING AUTHORIZATION

Questions? Call 1-800-572-1472

Instructions: Complete this form to request the ability to redeem PLGIT shares by check. After completion, please fax this form to the PLGIT Client Services Group at **1-800-252-9551.**

		Account Title: (Please list the Trust account # that the cleared checks should be posted to.)		
Account #:	(Please list the Trust acc			
Reason for Request:				
New Order				
Update Check Sig	ners (This form replaces all authorized check signers previ	ously on file, so all authorized check signers must sign below.)		
NTING OPTIONS: (PI	ease select one of the following options.)			
Please order checks on our	behalf. (Please complete and send the PLGIT Order Form	along with this document.)		
Please send us a Specificat	ion Sheet for our printer/software administrator.	Check starting number (If not provided, #10)		
CK SIGNERS: (For Trus	t records, please list in this section everyone who is autho	rized to sign checks for the above account.)		
Print Name		Signature		
Print Name	Title	Signature		
		G		
Print Name		Signature		
Time Name	Title	3.8. idea. C		
Print Name		Signature		
Time Name	THE	Signature		
		and the and the Observation		
DESTRUMENTAL PROPERTY	ave an authorized Contact, as designatd per Trust records,	read, sign, and date this section.)		
TIFICATION: (Please h				
signing below:	als listed above as check signers for the Investor and accoun	nt listed above, and certify that the signatures appearing above are tr		
signing below:		nt listed above, and certify that the signatures appearing above are tr		
signing below: 1) I designate the individu and authentic signature 2) I authorize the check or	es of the check signers; der specified above and the imposition of any charges relat	ed to the order;		
signing below: 1) I designate the individu and authentic signature 2) I authorize the check or 3) I authorize Wells Fargo	es of the check signers; der specified above and the imposition of any charges relat Bank, N.A. to honor checks drawn by any of the check signe	ed to the order; ers above on the account of Pennsylvania Local Government Investme		
signing below: 1) I designate the individu and authentic signature 2) I authorize the check or 3) I authorize Wells Fargo Trust and to effect a rec	es of the check signers; der specified above and the imposition of any charges relat Bank, N.A. to honor checks drawn by any of the check signe demption of sufficient shares in our Pennsylvania Local Gove	ed to the order; ors above on the account of Pennsylvania Local Government Investm ernment Investment Trust account to cover payment of such checks.		
signing below: 1) I designate the individu and authentic signature 2) I authorize the check or 3) I authorize Wells Fargo Trust and to effect a recunderstand that: (1) thi	es of the check signers; der specified above and the imposition of any charges relat Bank, N.A. to honor checks drawn by any of the check signe demption of sufficient shares in our Pennsylvania Local Gove s privilege may be terminated at any time by Pennsylvania L	ed to the order; ors above on the account of Pennsylvania Local Government Investmernment Investmernment Investmernment Investment Trust account to cover payment of such checks. Local Government Investment Trust or the bank and neither shall inc		
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Any document received by email will not be accepted. Please send by fax or mail.					
FAX TO:	PLGIT Client Services Group	MAIL TO:	PLGIT Client Services Group		
	1-800-252-9551		P.O. Box 11760		
			Harrisburg, PA 17108-1760		

TRU	TRUST USE ONLY				
V2015.03	DATE	INITIALS			
Processed					
Confirmed					