



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. After completion, fax this form to the PLGIT Client Services Group at **1-800-252-9551**.

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.)

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.) (* = Optional fields)

ACTION TYPE:

ADD REMOVE

BANKING INFORMATION:

Bank Name: _____

Bank Account #: _____

Bank City: _____

Beneficiary Name: _____

Bank State: _____

*Beneficiary Account #: _____

Wire ABA or Routing #: _____

*Beneficiary Details: _____

*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. _____ |

TRANSACTION REQUEST: (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/ARM PLGIT/PRIME

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 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

| V2016.02 | DATE | INITIALS |
|-----------|------|----------|
| Processed | | |
| Confirmed | | |