



DIVIDEND REQUEST

Questions? Call 1-800-572-1472

Instructions: This document should be completed when an Investor would like to (1) close an account or (2) request the full balance of its account plus the dividend accrued.

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

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

PLGIT Account Number: _____

Does this account have a trustee? **No** **Yes** (If yes, please have an authorized person from the Trustee sign below.)

Is this account linked to a PFM Managed account? **No** **Yes** (If yes, your request may take 24 hours for processing to calculate outstanding fees.)

Outstanding Charges: The amount of your final redemption may be reduced by any outstanding charges for Outgoing Wire Redemptions, Check Deposits, and Check Stock orders.

TRANSACTION REQUEST: (Please select the one of the two transaction requests.)

ACCOUNT CLOSING

PLGIT Client Services Group will close the account listed above and send the total remaining balance plus any accrued dividend in accordance with the banking instructions listed below.

FULL REDEMPTION WITH DIVIDEND (DO NOT CLOSE THE ACCOUNT¹)

PLGIT Client Services Group will not close the account listed above. The account will remain open for future use. PLGIT will send the total remaining balance plus any accrued dividend in accordance with the banking instructions listed below.

BANKING INSTRUCTIONS: (Please select the type of transaction and complete the detail instructions below.) (* = Optional fields)

Transaction Type:	WIRE	ACH	Transfer to another PLGIT Account:	_____
				(Please list the PLGIT Account #)
Bank Account Type:	Checking	Savings		
Bank Name:	_____		*Addendum Details:	_____
Bank Account #:	_____		*Beneficiary Account #:	_____
ABA or Routing #:	_____		*Beneficiary Details:	_____
Account/Beneficiary Name:	_____		Total \$ Amount:	_____
				(Trust Use Only)

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

This section must be signed by either:

- (for existing accounts) a person who is currently an authorized person as per Trust records, OR
- an individual who is appointed to an authorized position. Please include documentation (board minutes, resolution, fiduciary agreement, officer's certificate, Schedule C, etc.) evidencing appointment of this person to the authorized position.

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		
V2015.10	DATE	INITIALS
Processed		
Confirmed		

¹ When an account is closed, the account is placed into an inactive status. Accounts may also be placed into an Inactive status if there is no balance or transactions for 366 consecutive days. Inactive accounts may be reactivated within 365 days of being placed into an Inactive status. Investors should verify account information such as addresses, statement recipients, and authorized persons on file when reactivating any accounts. If the account is in an Inactive status for 366 consecutive days it may not be reactivated for any reason.