



Contribution by Check

Today's Date _____

Transaction #: _____
(for Cutwater use)

Transaction Date _____
(to be entered by Cutwater on date check clears)

*Check should be **Payable To:*** New Hampshire PDIP

Mail this Contribution Form and Check To: Bank of America
Attention: Marilyn Iapicca
Institutional Custody
MA1-225-04-03
225 Franklin Street
Boston, MA 02110

Fax this Contribution Form To: Client Services
1-800-765-7600

Name of Public Entity _____

CHECK HAS BEEN DRAWN ON:

Name of Banking Institution _____

Bank Account # _____

Amount of Contribution \$ _____
_____ DOLLARS

Name of PDIP Account _____

PDIP Account # NH-01-_____

Authorized Signatory _____