

**Instructions:** This document should be completed when an Investor would like to close an Account. Submit this form through Connect, or fax or mail this form to the fax number or address at the bottom of the page.

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

**Investor Name:** \_\_\_\_\_ **TIN:** \_\_\_\_\_  
(Name that appears on Pool records) (Taxpayer Identification Number)

**NH PDIP Account Number:** \_\_\_\_\_

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

**TRANSACTION REQUEST:**

**ACCOUNT CLOSING<sup>1</sup>**

NH PDIP 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.

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

*The wire or ACH instruction referenced below **must already exist** with the Pool. To set up new instructions, complete and submit either the Wire Setup or ACH Setup form.*

Transaction Type:  Wire  ACH  Transfer to another NH PDIP Account: \_\_\_\_\_  
(Please list the NH PDIP Account #)

ABA Routing Transit Number: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_

\*Additional Details: \_\_\_\_\_

Final Closeout Amount: \_\_\_\_\_  
(Pool Use Only)

**SIGNATURE: (Please have a Contact authorized per Pool records sign below.)**

This section must be signed by either:

- (for existing Accounts with no remaining balance or dividend) a Contact who is currently authorized per Pool records to open or close Accounts, OR
- (for existing Accounts with a balance) a Contact who is currently authorized per Pool records to open or close Accounts **and** view and initiate transactions, 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 containing sensitive information received by email will not be accepted. Please send by uploading through Connect, fax, or mail.**

<b>SEND VIA CONNECT:</b> <i>Existing Connect Users Only</i>	Log in to Account Access Click <input checked="" type="checkbox"/> Secure Contact Select file to upload - Send message	<b>FAX TO:</b> NH PDIP Client Services Group 1-800-252-9551	<b>MAIL TO:</b> NH PDIP Client Services Group P.O. Box 11760 Harrisburg, PA 17108-1760
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POOL USE ONLY	
V2022.03	INITIALS
Processed	
Confirmed	

<sup>1</sup> 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 Contacts 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.