

Instructions: Complete this form **ONLY** if you would like the NH PDIP Client Services Group to add or remove Participant to Participant Transfer Instructions. After completion, submit this form through Connect, or fax or mail this form to the fax number or address at the bottom of this page.

Note: This form is only for Participant to Participant Transfers, which are transfers from your NH PDIP Account(s) to another Investor's NH PDIP Account(s) within the same investment option. NH PDIP encourages you to notify the Receiving Investor(s) regarding the nature of each Participant to Participant Transfer. Your new Participant to Participant Transfer Instructions may take the NH PDIP Client Services Group up to 24 hours to verify and set up on your Account. The instructions and authorized signature below permits the NH PDIP Client Services Group, per your direction, to establish transfer instructions to move money from your NH PDIP Account(s) to another Investor's NH PDIP Account(s).

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

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

List the NH PDIP Account number(s) to which this form applies:

- | | | |
|----------|----------|----------|
| 1. _____ | 4. _____ | 7. _____ |
| 2. _____ | 5. _____ | 8. _____ |
| 3. _____ | 6. _____ | 9. _____ |

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

Add Remove

		NH PDIP Investor Name	NH PDIP Account Number
		NH PDIP Investor Name	NH PDIP Account Number
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CERTIFICATION & SIGNATURE: (Please have a Contact, who is authorized per Pool records to update banking instructions, sign below.)

I hereby certify that I have obtained authorization from the Receiving Investor(s) to initiate transfers to the NH PDIP Account(s) listed above.

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.

SEND VIA CONNECT: Log in to Account Access
 Existing Connect Click Secure Contact
 Users Only Select file to upload - Send message

FAX TO: NH PDIP Client Services Group
 1-800-252-9551

MAIL TO: NH PDIP Client Services Group
 P.O. Box 11760
 Harrisburg, PA 17108-1760

POOL USE ONLY	
V2022.03	INITIALS
Processed	
Confirmed	