

Instructions: Please complete this form to initiate a transaction to or from your NH PDIP Account using pre-existing banking instructions or to notify the Pool of an incoming wire. 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:

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

TRANSACTION TYPE: (Please select a transaction type and complete the detail instructions below.)

Wire Purchase (Your Entity's bank will wire the requested amount **TO** the Pool on the date listed below in order to purchase shares.)
NH PDIP Account #: _____ Transaction Date: _____
Transaction \$ Amount: _____ Sending Bank Name: _____

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** instruction form. (* = Required fields)

Wire Redemption (The requested amount is to be wired **FROM** the Pool using the pre-existing wire instructions below.)
ACH Purchase (The requested amount is to be transferred **TO** the Pool using pre-existing ACH instructions and available on the next business day.)
ACH Redemption (The requested amount is to be transferred **FROM** the Pool using pre-existing ACH instructions and available on the next business day.)
*NH PDIP Account #: _____ *Transaction Date: _____
*Bank Name: _____ *Transaction \$ Amount: _____
*Bank Account #: _____ *Legal Account Owner: _____
*ABA or Routing #: _____ Further Credit Account #: _____
Nickname: _____ Further Credit to/Addenda Information: _____

TRANSFER (Shares are to be transferred by the NH PDIP Client Services Group from one account to another within the same share class.)
From NH PDIP Account #: _____ To NH PDIP Account #: _____
Transaction Date: _____ Transaction \$ Amount: _____

SIGNATURE: (Please have a Contact, who is authorized per Pool 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 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	FAX TO: NH PDIP Client Services Group	MAIL TO: NH PDIP Client Services Group
<i>Existing Connect</i> Click <input checked="" type="checkbox"/> Secure Contact	1-800-252-9551	P.O. Box 11760
<i>Users Only</i> Select file to upload - Send message		Harrisburg, PA 17108-1760

POOL USE ONLY	
V2022.03	INITIALS
Processed	
Confirmed	