

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

Note: This form is only for wire instructions. Wire transfers are same-day electronic transfers of funds. Your new wire instruction may take the NH PDIP Client Services Group up to 24 hours to verify and set up on your Account. Please take this into consideration when requesting a transaction. The wire instructions and authorized signature below permits the NH PDIP Client Services Group, per your direction, to move money from NH PDIP to the institution specified below.

INVESTOR INFORMATION: (Please enter your Entity's name and Tax Identification Number.)

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

INSTRUCTION DETAIL: (Please select an action type and complete the detail instructions below.) (* = Required fields)

ACTION TYPE:

Add Remove

BANKING INFORMATION:

*Bank Name: _____ *Bank Account #: _____
 *Bank City: _____ *Legal Account Owner: _____
 *Bank State: _____ Further Credit Account #: _____
 *Wire ABA or Routing #: _____ Further Credit to: _____
 Nickname: _____
(Unique name to identify this instruction)

Please add/remove the above instructions to/from the Account(s) listed below: (Please list the specific NH PDIP Account(s) below.)

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

WIRE REDEMPTION: (Complete this section to initiate a transaction using the new instruction above. Transactions may take 24 hours to process.)

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 Users Only</i> Click <input checked="" type="checkbox"/> Secure Contact	1-800-252-9551	P.O. Box 11760
Select file to upload - Send message		Harrisburg, PA 17108-1760

POOL USE ONLY	
V2022.03	INITIALS
Processed	
Confirmed	