



Close Account Request

Questions? Call 1-866-249-9443

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

WGIF 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 CLOSING¹

WGIF 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 WGIF Account: _____ (Please list the WGIF 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.		
SEND VIA CONNECT:	Log in to Account Access	FAX TO: WGIF Client Services Group
<i>Existing Connect</i>	Click <input type="checkbox"/> Secure Contact	1-888-535-0120
<i>Users Only</i>	Select file to upload - Send message	MAIL TO: WGIF Client Services Group
		P.O. Box 11760
		Harrisburg, PA 17108-1760

FUND USE ONLY	
V2022.03	INITIALS
Processed	
Confirmed	

¹ 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.