



New Investor Application

Questions? Call 1-866-249-9443

Instructions: Complete this application to become a new Investor in WGIF. 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 to appear on Fund records)

Legal Name: _____
(Name as filed with the IRS, if different from above)

Street Address: _____
Street Address (A P.O. Box is not acceptable)

City _____ State _____ Zip _____

Mailing Address: _____
Mailing Address (if different from Street Address)

City _____ State _____ Zip _____

TIN : _____
(Taxpayer Identification Number)

Phone #: _____

Fax #: _____

Entity Type: _____
(City, County, School District, etc.)

Fiscal Year End: _____
(Month and Day)

Contact Name: _____
Mr. Ms. Mrs.

TAX IDENTIFICATION NUMBER (TIN):

Note: If the information required by this section is not provided, the current IRS Backup Withholding Rate of taxable dividends, capital gains and proceeds of redemptions and exchanges will be imposed under federal tax regulations.

TIN : _____ **Form of Organization:** _____
(Taxpayer Identification Number) (e.g., 501(c)(3) organization, C corporation, limited liability company, etc.)

Tax Status: I have not been notified by the IRS that I am currently subject to Backup Withholding.
I am an exempt recipient.
I am neither a citizen nor a resident of the United States.

INVESTOR CERTIFICATION: (A Representative of the Investor should read, complete, sign and date this section.)

- I. It is hereby certified that the Entity named above adopted the attached **Resolution** at a duly convened meeting of the governing body of the Entity held on the _____ day of _____, 20____, and that such Resolution is in full force and effect on the date of this application, and that such Resolution has not been modified, amended or rescinded since its adoption. (Please attach the Resolution to this document.)
- II. It is hereby certified that the Entity has received a copy of the Fund's **Information Statement** and **Declaration of Trust** and agrees to be bound by the terms of such documents.
- III. The information, authorizations, resolutions and certifications set forth in this New Investor Application shall remain in full force and effect until the Fund receives written notification of a change.

Authorized Signature _____ Date _____

Print or Type Name of Authorized Signatory _____ Title/Position _____

REQUIRED DOCUMENTATION: (Please include the following documents with this application.)

- W-9 (Name on W-9 must match IRS records)
- Resolution

FUND USE ONLY: (Please fax or mail this document to your WGIF Representative for their signature below.)

WGIF Representative Signature _____ Date _____

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	MAIL TO: WGIF Client Services Group
Existing Connect Click <input checked="" type="checkbox"/> Secure Contact	1-888-535-0120	P.O. Box 11760
Users Only Select file to upload - Send message		Harrisburg, PA 17108-1760

FUND USE ONLY	
V2022.03	INITIALS
Processed	
Confirmed	