



PARTICIPANT TO PARTICIPANT TRANSFER SETUP

Questions? Call 1-866-249-9443

Instructions: Complete this form **ONLY** if you would like the WGIF 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 WGIF account(s) to another Investor's WGIF account(s) within the same investment option. WGIF 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 WGIF Client Services Group up to 24 hours to verify and set up on your account. The instructions and authorized signature below permits the WGIF Client Services Group, per your direction, to establish transfer instructions to move money from your WGIF account(s) to another Investor's WGIF accounts.

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

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

List the WGIF 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	WGIF Investor Name	WGIF Account Number
		WGIF Investor Name	WGIF Account Number
		WGIF Investor Name	WGIF Account Number
		WGIF Investor Name	WGIF Account Number
		WGIF Investor Name	WGIF Account Number
		WGIF Investor Name	WGIF Account Number
		WGIF Investor Name	WGIF Account Number
		WGIF Investor Name	WGIF Account Number
		WGIF Investor Name	WGIF Account Number
		WGIF Investor Name	WGIF Account Number
		WGIF Investor Name	WGIF Account Number

CERTIFICATION & SIGNATURE: (Please have a Contact, who is authorized per Fund 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 WGIF 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: WGIF Client Services Group
 1-888-535-0120

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

FUND USE ONLY	
V2022.03	INITIALS
Processed	
Confirmed	