



# DIVIDEND REQUEST

Questions? Call 1-866-249-9443

**Instructions:** This document should be completed when an Investor would like to (1) close an account or (2) redeem the full balance of its account plus the dividend accrued.

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

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

WGIF Account Number: \_\_\_\_\_

Does this account have a trustee? **No** **Yes** (If yes, please have a Contact who is authorized per Fund records sign below.)

Is this account linked to a PFM<sup>®</sup> U Managed account? **No** **Yes** (If yes, your request may take 24 hours for processing to calculate outstanding fees.)

Is this account linked to a U.S. Bank account? **No** **Yes** (If yes, do you wish to close the U.S. Bank account as well?) **No** **Yes**

**Outstanding Charges:** The amount of your final redemption may be reduced by any outstanding charges associated with your PFMAM Managed Account.

**TRANSACTION REQUEST:** (Please select one of the two transaction requests.)

**ACCOUNT CLOSING**

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.

**FULL REDEMPTION WITH DIVIDEND (DO NOT CLOSE THE ACCOUNT<sup>1</sup>)**

WGIF Client Services Group will not close the account listed above. The account will remain open for future activity. WGIF Client Services Group will send the total remaining balance plus any accrued dividend in accordance with the banking instructions listed below.

**BANKING INSTRUCTIONS:** (Please select the type of transaction and complete the detail instructions below.) (\* = Optional fields)

Transaction Type:	WIRE	ACH	Transfer to another WGIF Account:	_____
				(Please list the WGIF Account #)
Bank Account Type:	Checking	Savings		
Bank Name:	_____		*Addendum Details:	_____
Bank Account #:	_____		*Beneficiary Account #:	_____
ABA or Routing #:	_____		*Beneficiary Details:	_____
Account/Beneficiary Name:	_____		Total \$ Amount:	_____
				(Fund Use Only)

**SIGNATURE:** (Please have a Contact authorized per Fund records sign below.)

_____	_____	_____
Authorized Signature	Date	Phone #
_____	_____	_____
Print or Type Name of Authorized Signatory	Title/Position	Email Address

<b>Any document received by email will not be accepted. Please send by fax or mail.</b>	
<b>FAX TO:</b> WGIF Client Services Group 1-888-535-0120	<b>MAIL TO:</b> WGIF Client Services Group P.O. Box 11760 Harrisburg, PA 17108-1760

FUND USE ONLY		
V2016.02	DATE	INITIALS
Processed		
Confirmed		

<sup>1</sup> 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.