pfm FUNDS

DIVIDEND REQUEST

Questions? Call 1-800-338-3383

Instructions: This document should be completed when an Investor would like to (1) close an Account or (2) request the full balance of its Account plus the dividend accrued. This form will take 24 hours to process. Please submit this request at least one day prior to the desired effective date.

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

CSGV2018.02

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

PFM Funds Account Number: _____

Does this Account have a Trustee? ☐ No ☐ Yes *(If yes, please have an authorized Contact from the Trustee sign below.)*

Is this Account linked to a PFM Managed Account? ☐ No ☐ Yes *(If yes, your request may take 24 hours for processing to calculate outstanding fees.)*

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

☐ **ACCOUNT CLOSING**

PFM Funds 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[1])**

PFM Funds will not close the Account listed above. The Account will remain open for future activity. PFM Funds 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)*

Instruction Type: ☐ On Record ☐ New (The signer of this form **must** have the permission to change banking instructions and close Accounts.)

Transaction Type: ☐ Wire ☐ ACH ☐ Transfer to another PFM Funds Account: _____
(Please list the PFM Funds Account #)

Bank Account Type: ☐ Checking ☐ Savings

Bank Name: _____ *Addendum Details: _____

Bank Account #: _____ *Beneficiary Account #: _____

ABA or Routing #: _____ *Beneficiary Details: _____

Bank Account Name: _____ Total $ Amount: _____
(Program Use Only)

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

This section must be signed by either:

- a Contact who is currently authorized per Program records to close the Account listed above, 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.

X *Please print and sign with blue or black ink.*

Authorized Signature | Date | Phone #

Print or Type Name of Authorized Signatory | Title/Position | Email Address

Any document received by email will not be accepted. Please send by fax or mail.

FAX TO: PFM Funds Client Services Group 1-888-535-0120	**MAIL TO:** PFM Funds Client Services Group P.O. Box 11760 Harrisburg, PA 17108-1760

Print Form

Clear Form

[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.*