

**Instructions:** Complete this form to request the ability to redeem PLGIT shares by check. Submit this form through Connect, or fax or mail this form to the fax number or address at the bottom of the page.

**ACCOUNT INFORMATION:** (Please fill this section out completely.)

Investor Name: \_\_\_\_\_ Investor TIN: \_\_\_\_\_

Please list the account number(s) or account title(s) to which this form applies:

1. _____	4. _____	7. _____	10. _____
2. _____	5. _____	8. _____	11. _____
3. _____	6. _____	9. _____	12. _____

**Reason for Request:**

**New Order**

**Remove All Check Signers** (Investor will not utilize check writing services.)

**Update Check Signers** (This form replaces all authorized check signers/verifiers previously on file, so all authorized check signers must sign below.)

**PRINTING OPTIONS:** (Please select one of the following options.)

Please order checks on our behalf. (Please complete and send the **PLGIT Order Form** along with this document.)

Please send us a Specification Sheet for our printer/software administrator.

**CHECK SIGNERS:** (For Trust records, please list in this section individuals who are authorized to sign checks on the above account(s.) Check signers must provide their written signature in the allotted space.)

<b>1. Name:</b>	<b>Title:</b>	<b>Signature:</b>
<b>2. Name:</b>	<b>Title:</b>	<b>Signature:</b>
<b>3. Name:</b>	<b>Title:</b>	<b>Signature:</b>
<b>4. Name:</b>	<b>Title:</b>	<b>Signature:</b>
<b>5. Name:</b>	<b>Title:</b>	<b>Signature:</b>
<b>6. Name:</b>	<b>Title:</b>	<b>Signature:</b>

**CERTIFICATION:** (Please have an authorized contact, as designated per Trust records, read, sign, and date this section.)

By signing below:

- I designate the individuals listed above as check signers for the Investor and account listed above, and certify that the signatures appearing above are true and authentic signatures of the check signers and verifiers;
- I authorize Wells Fargo Bank, N.A. to honor checks drawn by any of the check signers above on the account of Pennsylvania Local Government Investment Trust and to effect a redemption of sufficient shares in our Pennsylvania Local Government Investment Trust account to cover payment of such checks. I understand that: (1) this privilege may be terminated at any time by Pennsylvania Local Government Investment Trust or the bank and neither shall incur any liability to the check signers above for honoring such checks, or for effecting redemptions to pay such checks, or for returning checks which have not been accepted; (2) no check shall be issued, honored, or redemption effected, for any amounts represented by shares, unless payment for such shares has been made in full and any checks given in such payment have been collected through normal banking channels and procedures; (3) Pennsylvania Local Government Investment Trust will not monitor specifications requiring multiple signatures, dollar limits, or void-by dates and any such specifications are solely for Investors' internal purposes; and (4) this privilege is described in and subject to all the terms and conditions contained in the Pennsylvania Local Government Investment Trust Information Statement as well as any additional updates that may occur;
- I acknowledge that: (1) the Investor is responsible for designating check verifiers and reviewing checks presented against the account in accordance with the terms and conditions contained in the Pennsylvania Local Government Investment Trust Information Statement as well as any additional updates that may occur; (2) the Investor shall notify PLGIT Client Services of any checks that should not be paid by 12pm on the business day following the presentment of checks; (3) no action taken by the Investor by 12pm on the business day following the presentment of checks shall be understood as an affirmation that the checks presented should be paid; (4) in the event the Investor fails to review presented checks and payment occurs, the Investor will be responsible for any loss of funds; and
- I certify that I have received a copy of the Trust's Information Statement as well as any additional updates that may occur, and agree that the Investor will be bound by the terms of such document.

\_\_\_\_\_  
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:** PLGIT Client Services Group  
1-800-252-9551

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

**TRUST USE ONLY**

V2022.05	INITIALS
Processed	
Confirmed	