



Transaction Request

Questions? Call 1-800-731-6870

ACH and Wire -
Transfer -

Instructions: Please complete this form to initiate a transaction to/from your IIIT Class account using pre-existing banking instructions or to notify the Trust of an incoming wire. 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: (Please enter the Investor's name and Tax Identification Number.)

Investor Name: _____
(Name that appears on Trust records)

TIN: _____
(Taxpayer Identification Number)

TRANSACTION TYPE: (Please select a transaction type and complete the detail instructions below.)

Wire Purchase (Your Entity's bank will wire the requested amount **TO** the Trust on the date listed below in order to purchase shares.)

IIIT Class Account #: _____ Transaction Date: _____
Transaction \$ _____ Sending Bank Name: _____

The wire or ACH instruction referenced below must already exist with the Pool. To set up new instructions, complete and submit either the **Wire Setup** or **ACH Setup** instruction form. (* = Required fields)

Wire Redemption (The requested amount is to be wired **FROM** the Trust using the pre-existing wire instructions below.)

ACH Purchase (The requested amount is to be transferred **TO** the Trust using pre-existing ACH instructions and available on the next business day.)

ACH Redemption (The requested amount is to be transferred **FROM** the Trust using pre-existing ACH instructions and available on the next business day.)

*IIIT Class Account #: _____ *Transaction Date: _____
*Bank Name: _____ *Transaction \$ Amount: _____
*Bank Account #: _____ *Legal Account Owner: _____
*ABA or Routing #: _____ Further Credit Account #: _____
Nickname: _____ Further Credit to/Addenda Information: _____

TRANSFER (Shares are to be transferred by the Illinois Trust Client Services Group from one account to another within the same share class.)

From IIIT Class Account #: _____ To IIIT Class Account #: _____
Transaction Date: _____ Transaction \$ Amount: _____

SIGNATURE: (Please have a Contact, who is authorized per Trust records to initiate purchases and redemptions of shares, sign below.)

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: Illinois Trust Client Services Group
1-888-535-0120

MAIL TO: Illinois Trust Client Services Group
P.O. Box 11760
Harrisburg, PA 17108

TRUST USE ONLY

V2022.04	INITIALS
Processed	
Confirmed	