



DIVIDEND REQUEST

Questions? Call 1-800-570-7627

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 Program records) (Taxpayer Identification Number)

SNAP Account Number: _____

Does this account have a trustee? **No** **Yes** *(If yes, please have an authorized person 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.)*

Do you have checkwriting capability on this account? **No** **Yes** *(If yes, closing this account will close the corresponding U.S. Bank account.)*

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

ACCOUNT CLOSING

SNAP 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 ACCOUNT¹)

SNAP Client Services Group will not close the account listed above. The account will remain open for future activity. SNAP 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 SNAP Account:	_____
				<small>(Please list the SNAP Account #)</small>
Bank Account Type:	Checking	Savings		
Bank Name:	_____		*Addendum Details:	_____
Bank Account #:	_____		*Beneficiary Account #:	_____
ABA or Routing #:	_____		*Beneficiary Details:	_____
Account/Beneficiary Name:	_____		Total \$ Amount:	_____
				<small>(Program Use Only)</small>

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

This section must be signed by either:

- (for existing accounts) a person who is currently a Contact, authorized per Program records to initiate purchases and redemptions, OR
- an individual who is appointed to an authorized position. Please include documentation (board minutes, resolution, fiduciary agreement, officer's certificate, Schedule B, etc.) evidencing appointment of this person to the authorized position.

_____	_____	_____
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: SNAP Client Services Group 1-888-535-0120	MAIL TO: SNAP Client Services Group P.O. Box 11760 Harrisburg, PA 17108-1760
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PROGRAM USE ONLY		
V2015.11	DATE	INITIALS
Processed		
Confirmed		

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.