



WIRE SETUP INSTRUCTIONS

Questions? Call 1-866-249-9443

Instructions: Complete this form **ONLY** if you would like the WGIF Client Services Group to **add/remove** wire instructions. After completion, fax this form to the WGIF Client Services Group at **1-888-535-0120**.

Note: This form is only for wire instructions. Wire transfers are same-day electronic transfers of funds. Your new wire instruction may take the WGIF Client Services Group up to 24 hours to verify and set up on your account. Please take this into consideration when requesting a transaction. The wire instructions and authorized signature below permits the WGIF Client Services Group, per your direction, to move money from WGIF to the institution specified below.

INVESTOR INFORMATION: (Please enter the Investor's name and Taxpayer Identification Number.)

Investor Name: _____ TIN: _____
(Taxpayer Identification Number)

INSTRUCTION DETAIL: (Please select an action type and complete the detail instructions below.) (* = Optional fields)

ACTION TYPE:

ADD REMOVE

BANKING INFORMATION:

Bank Name: _____ Bank Account #: _____
Bank City: _____ Beneficiary Name: _____
Bank State: _____ *Beneficiary Account #: _____
Wire ABA or Routing #: _____ *Beneficiary Details: _____
*Nickname: _____
(Unique name to identify this instruction)

Please add/remove the above instructions to/from the account(s) listed below: (Please list the specific WGIF account(s) below.)

- 1. _____ 6. _____ 11. _____ 16. _____
- 2. _____ 7. _____ 12. _____ 17. _____
- 3. _____ 8. _____ 13. _____ 18. _____
- 4. _____ 9. _____ 14. _____ 19. _____
- 5. _____ 10. _____ 15. _____ 20. _____

TRANSACTION REQUEST: (Complete this section to initiate a transaction using the new instruction above. Transactions may take 24 hours to process.)

WGIF Account #: _____ Transaction Date: _____
\$ Amount: _____ Transaction Type: Redemption (Move funds from WGIF account)

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 _____

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

FAX TO: WGIF Client Services Group
1-888-535-0120

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

FUND USE ONLY

V2016.02	DATE	INITIALS
Processed		
Confirmed		