



# Transaction Request

Questions? Call 1-866-249-9443

ACH and Wire -  
Transfer -

**Instructions:** Please complete this form to initiate a transaction to/from your WGIF account using pre-existing banking instructions, to request a stop payment, or to notify the Fund 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 Investor's name.)

Investor Name: \_\_\_\_\_  
(Name that appears on Fund 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 Fund on the date listed below in order to purchase shares.)

WGIF Account #: \_\_\_\_\_ Transaction Date: \_\_\_\_\_

Transaction \$ Amount: \_\_\_\_\_ 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 Fund using the pre-existing wire instructions below.)

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

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

↳ \*WGIF 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 WGIF Client Services Group from one account to another within the same share class.)

From WGIF Account #: \_\_\_\_\_ To WGIF Account #: \_\_\_\_\_

Transaction Date: \_\_\_\_\_ Transaction \$ Amount: \_\_\_\_\_

**SIGNATURE:** (Please have a Contact, who is authorized per Fund 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:** 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**

V2022.03	INITIALS
Processed	
Confirmed	