



# DIVIDEND REQUEST

Questions? Call 1-800-729-7665

**Instructions:** This document should be completed when an Investor/Participant would like to (1) close an account or (2) request the full balance of its account plus the dividend accrued.

**INVESTOR/PARTICIPANT INFORMATION:** (All fields in this section must contain Investor/Participant information ONLY.)

Investor/Participant Name: \_\_\_\_\_ TIN #: \_\_\_\_\_  
(Name that appears on Program records) (Taxpayer Identification Number)

CAMP Account Number: \_\_\_\_\_

Does this account have a trustee? No Yes (If yes, please have an authorized Contact from the Trustee sign below.)

Is this account linked to a PFMAM Managed account? No Yes (If yes, your request may take 24 hours for processing to calculate outstanding fees.)

Is this account linked to a U.S. Bank account? No Yes (If yes, do you wish to close the U.S. Bank account as well) No Yes

**Outstanding Charges:** The amount of your final redemption may be reduced by any outstanding charges associated with your PFMAM Managed Account.

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

**ACCOUNT CLOSING**

- CAMP 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 ACCOUNT<sup>1</sup>)**

- CAMP Client Services Group will not close the account listed above. The account will remain open for future use. CAMP will send the total remaining balance plus any accrued dividend to 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 CAMP Account \_\_\_\_\_  
(Please list the CAMP Account #)

Bank Account Type: Checking Savings

Bank Name: \_\_\_\_\_ \*Addendum Details: \_\_\_\_\_

Bank Account #: \_\_\_\_\_ \*Beneficiary Account #: \_\_\_\_\_

ABA or Routing #: \_\_\_\_\_ \*Beneficiary Details: \_\_\_\_\_

Account/Beneficiary Name: \_\_\_\_\_ Total \$ Amount: \_\_\_\_\_  
(Program Use Only)

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

This section must be signed by either:

- (for existing accounts) a person who is currently a Contact and 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 \_\_\_\_\_

<b>Any document received by email will not be accepted. Please send by fax or mail.</b>	
<b>FAX TO:</b> CAMP Client Services Group 1-888-535-0120	<b>MAIL TO:</b> CAMP Client Services Group P.O. Box 11760 Harrisburg, PA 17108-1760

PROGRAM USE ONLY		
V2015.10	DATE	INITIALS
Processed		
Confirmed		

<sup>1</sup> 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/Participants should verify account information such as addresses, statement recipients, and authorized persons 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.