



Transaction Request

Questions? Call 1-800-731-6870

**ACH/WIRE -
TRANSFER -
STOP PAYMENTS -**

Instructions: Please complete this form if you would like IIIT Class to (1) initiate a transaction to/from your IIIT Class account using pre-existing banking instructions or (2) notify the Trust of an incoming wire. After completion, please fax this form to the IIIT Class Client Services Group at 1-888-535-0120.

INVESTOR INFORMATION: (Please enter the Investor's name.)

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.) (* = Optional fields)

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

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

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

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

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

(The instructions below must be on file with the Trust. If you want to use a **NEW** instruction, you must complete the **ACH Instructions** form or the **Wire Instructions** form and fax it to the IIIT Class Client Services Group.)

IIIT Class Account #: _____ Transaction Date: _____
Bank Name: _____ Share Class: IIIT Class
Bank Account #: _____ \$ Amount: _____
ABA #: _____ Beneficiary Name: _____
*Nickname: _____ *Beneficiary Account #: _____
*Beneficiary Details: _____

TRANSFER (Money is to be transferred by the IIIT Class Client Services Group from one account to another.)

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

STOP PAYMENT (The IIIT Class Client Services Group will place a stop payment on the desired check(s) listed below.)

IIIT Class Account #: _____ Payee: _____
Check #: _____ Issue Date: _____
\$ Amount: _____ Reason: _____
Additional Notes: _____

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

FAX TO: IIIT Class Client Services Group
1-888-535-0120

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

TRUST USE ONLY

V2015.04	DATE	INITIALS
Processed		
Confirmed		