



DIVIDEND REQUEST

Questions? Call 1-888-467-3523

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

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

Investor Name: _____ (Name that appears on Fund records) TIN #: _____ (Taxpayer Identification Number)

MSDLAF+ 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.)

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

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

ACCOUNT CLOSING

MSDLAF+ 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)

MSDLAF+ will not close the account listed above. The account will remain open for future activity. MSDLAF+ 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 MSDLAF+ Account: _____ (Please list the MSDLAF+ Account #)

Bank Account Type: Checking Savings

Bank Name: _____ *Addendum Details: _____

Bank Account #: _____ *Beneficiary Account #: _____

ABA or Routing #: _____ *Beneficiary Details: _____

Account/Beneficiary Name: _____ Total \$ Amount: _____ (Fund Use Only)

SIGNATURE: (Please have a person authorized per Fund records sign below.)

This section must be signed by either:

- (for existing accounts) a person who is currently an authorized person as per Fund records, 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: MSDLAF+ Client Services Group 1-888-535-0120	MAIL TO: MSDLAF+ Client Services Group P.O. Box 11760 Harrisburg, PA 17108-1760

FUND USE ONLY		
V2014.12	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 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.