PARTICIPANT TO PARTICIPANT TRANSFER SETUP

Questions? Call 1-844-846-8642

Instructions: Complete this form **ONLY** if you would like the GovMIC Client Services Group to add or remove Participant to Participant Transfer Instructions. After completion, submit this form through Connect, or fax or mail this form to the fax number or address at the bottom of this page.

Note: *This form is only for Participant to Participant Transfers, which are transfers from your GovMIC Account(s) to another Investor's GovMIC Account(s) within the same investment option. GovMIC encourages you to notify the Receiving Investor(s) regarding the nature of each Participant to Participant Transfer. Your new Participant to Participant Transfer Instructions may take the GovMIC Client Services Group up to 24 hours to verify and set up on your Account. The instructions and authorized signature below permits the GovMIC Client Services Group, per your direction, to establish transfer instructions to move money from your GovMIC Account(s) to another Investor's GovMIC Account(s).*

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

CSGV2022.04

Investor Name: _____ **TIN:** ___-___

(Name that appears on Fund records) (Taxpayer Identification Number)

List the GovMIC Account number(s) to which this form applies:

1. _____ **4.** _____ **7.** _____

2. _____ **5.** _____ **8.** _____

3. _____ **6.** _____ **9.** _____

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

Add	Remove	GovMIC Investor Name	GovMIC Account Number
☐	☐	GovMIC Investor Name	GovMIC Account Number
☐	☐	GovMIC Investor Name	GovMIC Account Number
☐	☐	GovMIC Investor Name	GovMIC Account Number
☐	☐	GovMIC Investor Name	GovMIC Account Number
☐	☐	GovMIC Investor Name	GovMIC Account Number
☐	☐	GovMIC Investor Name	GovMIC Account Number
☐	☐	GovMIC Investor Name	GovMIC Account Number
☐	☐	GovMIC Investor Name	GovMIC Account Number
☐	☐	GovMIC Investor Name	GovMIC Account Number

CERTIFICATION & SIGNATURE: *(Please have a Contact, who is authorized per Fund records to update banking instructions, sign below.)*

I hereby certify that I have obtained authorization from the Receiving Investor(s) to initiate transfers to the GovMIC Account(s) listed above.

✕ *Please print form and sign with blue or black ink.*

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	**FAX TO:**	GovMIC Client Services Group	**MAIL TO:**	GovMIC Client Services Group
Existing Connect Users Only	Click ✉ Secure Contact		1-888-535-0120		P.O. Box 11760
	Select file to upload - Send message				Harrisburg, PA 17108

Print Form

Clear Form