

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.)

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.

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: GovMIC Client Services Group
1-888-535-0120

MAIL TO: GovMIC Client Services Group
P.O. Box 11760
Harrisburg, PA 17108

FUND USE ONLY

V2022.10	INITIALS
Processed	
Confirmed	