CLOSE ACCOUNT REQUEST

Questions? Call 1-800-731-7150

Instructions: This document should be completed when an Investor would like to close an Account. Submit this form through Connect, or fax or mail this form to the fax number or address at the bottom of the page.

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

CSGV2022.08

Investor Name: ______________________________ **TIN :** ____ - ____
(Name that appears on Fund records) (Taxpayer Identification Number)

MAGIC 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

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

TRANSACTION REQUEST:

☑ **ACCOUNT CLOSING**[1]
MAGIC 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.

EXISTING BANKING INSTRUCTIONS: (Please select the type of transaction and complete the detail instructions below.) (* = Optional fields)

*The ACH or wire instructions referenced below **must already exist** with the Fund. To set up new instructions, complete and submit either the Wire Setup or ACH Setup form.*

Transaction Type: ☐ WIRE ☐ ACH ☐ Transfer to another MAGIC Account: ______________________
(Please list the MAGIC Account #)

ABA Routing Transit Number: ______________________ Bank Account Number: ______________________

*Additional Details: ____

Final Closeout Amount: ______________________
(Fund Use Only)

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

This section must be signed by either:

- (for existing Accounts with no remaining balance or dividend) a Contact who is currently authorized per Fund records to open or close Accounts, OR
- (for existing Accounts with a balance) a Contact who is currently authorized per Fund records to open or close Accounts **and** view and initiate transactions, OR
- an individual who is appointed to an authorized position. Please include documentation (board minutes, resolution, fiduciary agreement, officer's certificate, Schedule C, etc.) evidencing appointment of this person to the authorized position.

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

Print Form

Clear Form

[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 Contacts 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.*