



New Investor Application

Questions? Call 1-800-572-1472

Instructions: Complete this application to become a new Investor in PLGIT. This application must be included with all other required documentation and certifications in order to be accepted and processed by PLGIT. 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.)

Investor Name: _____ (Name to appear on Trust records)	Phone #: _____
Legal Name: _____ (Name as filed with the IRS, if different from above)	Fax #: _____
Street Address: _____ Street Address (A P.O. Box is not acceptable)	Fiscal Year End: _____ (Month and Day)
_____ City _____ State _____ Zip	Entity Type: _____ (Township, School District, etc.)
Mailing Address: _____ Mailing Address (If different from Street Address)	County: _____
_____ City _____ State _____ Zip	

TAX IDENTIFICATION NUMBER (TIN)

Note: If the information required by this section is not provided, the current IRS Backup Withholding Rate of taxable dividends, capital gains and proceeds of redemptions and exchanges will be imposed under federal tax regulations.

TIN : _____ **Form of Organization:** _____
 (Taxpayer Identification Number) (e.g., 501(c)(3) organization, C corporation, limited liability company, etc.)

Tax Status: I have not been notified by the IRS that I am currently subject to Backup Withholding.
 I am an exempt recipient.
 I am neither a citizen nor a resident of the United States.

INVESTOR CERTIFICATION: (A representative of the Investor should read, complete, sign and date this section.)

- I. The undersigned certifies that the Entity named on this application adopted the attached **Resolution** at a duly convened meeting of the governing body of the Entity held on the _____ day of _____, 20____, and that such Resolution is in full force and effect on the date of this application, and that such Resolution has not been modified, amended or rescinded since its adoption or enactment. (Please attach the Resolution to this document.)
- II. The undersigned further certifies that the Entity has received a copy of the Trust's **Information Statement** and **Declaration of Trust**, and agrees that the Entity will be bound by the terms of such documents.
- III. The Trust shall be entitled to consider the information, authorizations, resolutions and certifications set forth in or attached to this New Investor Application to be in full force and effect until the Trust receives written notification of change.

_____ Authorized Signature as Designated in the Resolution	_____ Date
_____ Print or Type Name of Authorized Signatory	_____ Title/Position

REQUIRED DOCUMENTATION: (Please include the following required documents with this application.)

- W-9 (Name on W-9 must match IRS records)
- Resolution

TRUST USE ONLY:

PLGIT Representative Signature _____
Date

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 <i>Existing Connect</i> Click <input checked="" type="checkbox"/> Secure Contact <i>Users Only</i> Select file to upload - Send message	FAX TO: PLGIT Client Services Group 1-800-252-9551	MAIL TO: PLGIT Client Services Group P.O. Box 11760 Harrisburg, PA 17108-1760
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TRUST USE ONLY	
V2022.05	INITIALS
Processed	
Confirmed	