



# Account Change of Information Form

Mail to: The Illinois Funds  
400 W. Monroe St., Suite 401  
Springfield, IL 62704

## 1 Investor Information | Select one

PUBLIC AGENCY

TAX IDENTIFICATION NUMBER

ACCOUNT NUMBER

INVESTMENT ACCOUNT NAME

PRIMARY ACCOUNT AUTHORITY

EMAIL ADDRESS

## 2 Authorized Trader(s) Check all that apply (if no authorization levels are selected, then only Inquiry access will be given)

- Trading Authority: Provides authority to initiate transactions on the account.
- Maintenance Authority: Provides authority to make changes to the account, including bank and address changes.
- Inquiry: Provides authority to obtain balance and transaction information by calling the Illinois Funds Toll Free line.

Action:  Add  Remove  Replace

Authorized Trader #1

Authorization Level:  Trading Authority  Maintenance Authority  Inquiry  Online Access

NAME

PHONE NUMBER

SIGNATURE

E-MAIL ADDRESS

Action:  Add  Remove  Replace

Authorized Trader #2

Authorization Level:  Trading Authority  Maintenance Authority  Inquiry  Online Access

NAME

PHONE NUMBER

SIGNATURE

E-MAIL ADDRESS

Action:  Add  Remove  Replace

Authorized Trader #3

Authorization Level:  Trading Authority  Maintenance Authority  Inquiry  Online Access

NAME

PHONE NUMBER

SIGNATURE

E-MAIL ADDRESS

### 3 Permanent Street Address

*Residential Address or Principal Place of Business - Foreign addresses and P.O. Boxes are not allowed.*

STREET		APT / SUITE	
CITY		STATE	ZIP CODE
DAYTIME PHONE NUMBER		EVENING PHONE NUMBER	
E-MAIL ADDRESS			

Duplicate Statement #1

*Complete only if you wish someone other than the account owner(s) to receive duplicate statements.*

COMPANY NAME	
NAME	
STREET	APT / SUITE
CITY	STATE ZIP CODE

Mailing Address\* (if different from Permanent Address)

*If completed, this address will be used as the Address of Record for all statements, checks and required mailings. Foreign addresses are not allowed.*

STREET		APT / SUITE	
CITY		STATE	ZIP CODE

\* A P.O. Box may be used as the mailing address.

Auditor Statement

*Complete only if you wish someone other than the account owner(s) to receive duplicate statements.*

COMPANY NAME	
NAME	
STREET	APT / SUITE
CITY	STATE ZIP CODE

### 4 Automatic Investment Plan (AIP)

Add new AIP  Update existing AIP

*Your signed request must be received at least 15 calendar days prior to initial transaction.*

If you choose this option, funds will be automatically transferred from your bank account on file. We are unable to debit mutual fund or pass-through ("for further credit") accounts.

*Note: The AIP will be purchased on the date requested or first business day after.*

**Draw money for my AIP (check one):**  Monthly  Quarterly  Semi-Annually  Annually  
*If no option is selected, the frequency will default to monthly.*

AMOUNT PER DRAW	AIP START MONTH	AIP START DAY
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**Please keep in mind that:**

- There is a fee if the automatic purchase cannot be made (assessed by redeeming shares from your account).
- Participation in the plan will be terminated upon redemption of all shares.
- If the AIP cannot be made due to insufficient funds or stop payment, a \$25 fee will be assessed on your account. The AIP will be terminated after two such consecutive occurrences.

## 5 Systematic Withdrawal Plan (SWP)

Your signed request must be received at least 15 calendar days prior to initial transaction.

Systematic Withdrawal Plan (SWP) – permits the automatic withdrawal of funds.

- Payments will be mailed to address in Section 3  
 Payments will be deposited directly into your bank account  
 Payments will be deposited directly into new bank instructions:

NAME ON ACCOUNT	BANK ACCOUNT NUMBER

- Payments will be mailed to a Special Payee:
 

MAKE CHECK PAYABLE TO

STREET ADDRESS/CITY/STATE/ZIP

We are unable to credit mutual fund or pass-through ("for further credit") accounts.

*Note: The SWP will be purchased on the date requested or first business day after.*

**Make payments**  Monthly  Quarterly  Semi-Annually  Annually **starting with the month given here:**

AMOUNT PER DRAW	SWP START MONTH	SWP START DAY

*Requesting proceeds to a checking or savings account may require a signature guarantee stamp. If we do not have bank information on record, please complete Section 6 of this form. Establishing a Special Payee may require a signature guarantee stamp.*

## 6 Bank Information

*We are unable to draft or credit your account via ACH if it is a mutual fund or pass through account.*

- All bank instructions are invalid  
 Bank instructions ending in \_\_\_\_\_ are invalid.

*Please contact your financial institution to determine if it participates in the Automated Clearing House system (ACH).*

To make purchases via ACH or to redeem your account via ACH or wire, please provide full bank account information as shown below. Any changes to bank instructions require a signature guarantee, signature verification from a Signature Validation Program Member, or other acceptable form of signature authentication from a financial institution source.

**For E-Pay participants only, please include Illinois National Bank information on this form.**

- Checking  Savings

BANK NAME
TITLE OF BANK ACCOUNT
FURTHER CREDIT NAME (not available for ACH)

BANK ABA NUMBER
BANK ACCOUNT NUMBER
FURTHER CREDIT ACCOUNT NUMBER (not available for ACH)

- Checking  Savings

BANK NAME
TITLE OF BANK ACCOUNT
FURTHER CREDIT NAME (not available for ACH)

BANK ABA NUMBER
BANK ACCOUNT NUMBER
FURTHER CREDIT ACCOUNT NUMBER (not available for ACH)

- Checking  Savings

BANK NAME
TITLE OF BANK ACCOUNT
FURTHER CREDIT NAME (not available for ACH)

BANK ABA NUMBER
BANK ACCOUNT NUMBER
FURTHER CREDIT ACCOUNT NUMBER (not available for ACH)

## 7 Rapid Revenue Program – Information for State of Illinois Distributive Funds

**I do not use the direct deposit program.**

Participant hereby requests Direct Deposit of the following State of Illinois distributive funds:

Dept. of Revenue: Income Tax

Sales Tax

Personal Property Tax

Gaming Funds

Dept. of Transportation:

Motor Fuel Tax

Dept. of Aging:

AAA Payment

State Board of Education:

All School Payment

Illinois Community College Board:

Funds

Illinois Student Assistance Commission:

Secretary of State:

Library/Library Systems

Dept. of Public Aid:

Imprest Funds:

State Universities:

Dept. of Veterans' Affairs:

Other:

Other:

Other:

## 8 Signature and Certification Required by the Internal Revenue Service

✓ The Fund, its transfer agent, and any of their respective agents or affiliates will not be responsible for banking system delays beyond their control. By completing Sections 4 or 5, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank NA, on behalf of the applicable Fund. The Fund, its transfer agent, and any of their respective agents or affiliates will not be liable for acting upon instructions believed to be genuine and in accordance with the procedures described in the prospectus or the rules of the Automated Clearing House. When AIP or Telephone Purchase transactions are presented, sufficient funds must be in my account to pay them. I agree that my bank's treatment and rights to respect each entry shall be the same as if it were signed by me personally. I agree that if any such entries are not honored with good or sufficient cause, my bank shall be under no liability whatsoever. I further agree that any such authorization, unless previously terminated by my bank in writing, is to remain in effect until the Fund's transfer agent receives and has had reasonable amount of time to act upon a written notice of revocation.

\_\_\_\_\_  
AUTHORIZED SIGNATURE GUARANTEE STAMP

*If required, signatures must be guaranteed by a bank savings association credit union, a member Firm of domestic stock exchange or the Financial Industry Regulatory Authority, that is an eligible guarantor institution a notary public is NOT an acceptable guarantor.*

\_\_\_\_\_  
DATE (MM/DD/YYYY)

PRIMARY ACCOUNT AUTHORITY SIGNATURE

DATE (MM/DD/YYYY)

## 9 To Update a Primary Authority

**One** of the following:

- Current list of authorized signers that includes the designation of the primary authority on letterhead
- Corporate resolution that includes the designation of the primary authority on letterhead

**AND**

**One** of the following:

- Bylaws
- Meeting Minutes on letterhead
- Articles of Incorporation