



Account Change of Bank Information Form

Mail to: The Illinois Funds
c/o U.S. Bank Global Fund Services
615 E. Michigan St., FL3
Milwaukee, WI 53202-5207

Instructions:

*For all changes to your account please complete all sections of this form.
If you are removing information on file you must complete all sections of this form.
If you are making changes to other accounts please complete a separate form.*

1 Investor Information | Select one

<input type="text"/> <small>PUBLIC AGENCY</small>	<input type="text"/> <small>TAX IDENTIFICATION NUMBER</small>
<input type="text"/> <small>ACCOUNT NUMBER</small>	<input type="text"/> <small>INVESTMENT ACCOUNT NAME</small>
<input type="text"/> <small>AUTHORIZED SIGNER (INDIVIDUAL AUTHORIZED BY PUBLIC AGENCY TO MAKE CHANGES TO THE ACCOUNT).</small>	<input type="text"/> <small>EMAIL ADDRESS - AUTHORIZED SIGNER</small>
<input type="text"/> <small>PHONE NUMBER - AUTHORIZED SIGNER</small>	<input type="text"/> <small>STREET</small>
<input type="text"/> <small>CITY</small>	<input type="text"/> <small>APT / SUITE</small>
<input type="text"/>	<input type="text"/> <small>STATE</small>
<input type="text"/>	<input type="text"/> <small>ZIP CODE</small>

2 Bank Information

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

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.

All bank instructions are invalid

Bank instructions ending in _____ are invalid.

For ePay 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)

2 Bank Information *continued*

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)

3 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, N.A., 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.

✓ **Under penalty of perjury, I certify that (1) the Social Security or taxpayer identification number shown on this form is my correct taxpayer identification number, and (2) I am not subject to backup withholding as a result of either being exempt from backup withholding, not being notified by the IRS of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding, (3) I am a U.S. person (including a U.S. resident alien), and (4) I am exempt from FATCA reporting. (Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding due to a failure to report all interest and dividends.)**

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

AUTHORIZED SIGNER SIGNATURE

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.

DATE (MM/DD/YYYY)