



Account Change of Information Form

Mail to: The Illinois Funds
Illinois State Treasurer
Marine Bank Building
1 East Old State Capitol Plaza
Springfield, IL 62701-1320

Instructions:

For all changes to your account please complete sections 1 and 7 in addition to the sections that apply to your change (e.g. authorized traders, mailing address, etc.). 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"/> <small>CITY</small>	<input type="text"/> <small>STATE</small>
<input type="text"/> <small>CITY</small>	<input type="text"/> <small>ZIP CODE</small>

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

- Financial 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: ☐ Financial Authority ☐ Maintenance Authority ☐ Inquiry ☐ Online Access

<input type="text"/> <small>NAME</small>
<input type="text"/> <small>SIGNATURE</small>

<input type="text"/> <small>PHONE NUMBER</small>
<input type="text"/> <small>E-MAIL ADDRESS</small>

Action: ☐ Add ☐ Remove ☐ Replace

☐ Authorized Trader #2

Authorization Level: ☐ Financial Authority ☐ Maintenance Authority ☐ Inquiry ☐ Online Access

<input type="text"/> <small>NAME</small>
<input type="text"/> <small>SIGNATURE</small>

<input type="text"/> <small>PHONE NUMBER</small>
<input type="text"/> <small>E-MAIL ADDRESS</small>

3 Additional Mailing Address Information

☐ Mailing Address* (if different from Section 1)

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.

☐ 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

☐ Duplicate Statement #2

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 Application 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 from bank

NAME ON ACCOUNT	BANK ACCOUNT NUMBER

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

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 1

☐ Payments will be deposited directly into your bank account

NAME ON ACCOUNT

BANK ACCOUNT NUMBER

☐ 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:**

If no option is selected, the frequency will default to monthly.

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.

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)

☐ 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 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.

✓ **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)

8 To Update an Authorized Signer

If only the authorized signer is changing, please provide the signers name below in addition to Principal Authority Signature:

PRINTED NAME OF AUTHORIZED SIGNER

DATE (MM/DD/YYYY)

PRINCIPAL AUTHORITY (Individual with authority by the public agency to execute contractual agreements on behalf of the public agency)

9 To Update the Principal Authority

If only the Principal is changing, please provide either meeting minutes or a corporate resolution that designates the principal authority.

PRINTED NAME OF PRINCIPAL AUTHORITY

DATE (MM/DD/YYYY)

PRINCIPAL AUTHORITY SIGNATURE