



Transfer Authorization Form

This form should be used to authorize future transfers to other public agency Illinois Funds accounts by phone (or in writing).

Mail To: Illinois Funds
c/o U.S. Bancorp Fund Services, LLC
PO Box 701
Milwaukee, WI 53201-0701

Overnight Express Mail To: Illinois Funds
c/o U.S. Bancorp Fund Services, LLC
615 E. Michigan St., FL3
Milwaukee, WI 53202-5207

1 Originating Account

| | |
|----------------------|----------------------|
| <input type="text"/> | |
| ACCOUNT NUMBER | |
| <input type="text"/> | <input type="text"/> |
| PUBLIC AGENCY NAME | STREET ADDRESS |
| <input type="text"/> | <input type="text"/> |
| TAX ID NUMBER | CITY / STATE / ZIP |
| <input type="text"/> | <input type="text"/> |
| AUTHORIZED SIGNER | PHONE NUMBER |

| | |
|-------------------------------------|----------------------|
| <input checked="" type="checkbox"/> | <input type="text"/> |
| AUTHORIZED SIGNER – SENDING ACCOUNT | DATE (MM/DD/YYYY) |

| | |
|----------------------|-------|
| <input type="text"/> | _____ |
| SIGNATURE GUARANTEE | DATE |

2 Receiver Account

Please accept this form as authorization to transfer assets from the above account to the following public agencies.

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| PUBLIC AGENCY NAME | ACCOUNT NUMBER |
| <input type="text"/> | <input type="text"/> |
| PUBLIC AGENCY NAME | ACCOUNT NUMBER |
| <input type="text"/> | <input type="text"/> |
| PUBLIC AGENCY NAME | ACCOUNT NUMBER |