



Instructions: Please complete this form if you would like NHPDIP to (1) initiate a transaction to/from your NHPDIP account using pre-existing banking instructions, (2) notify the Pool of an incoming wire, or (3) transfer money between accounts. After completion, please fax this form to the NHPDIP Client Services Group at 1-888-535-0120.

INVESTOR INFORMATION: (Please enter the Investor's name.)

Investor Name: _____ **TIN #:** _____
(Name that appears on Pool records) (Taxpayer Identification Number)

TRANSACTION TYPE: (Please select a transaction type and complete the detail instructions below.) (* = Optional fields)

WIRE Purchase (Your Entity will wire the requested amount **TO** the Pool on the date listed below in order to purchase shares.)

NHPDIP Account #: _____ Transaction Date: _____ \$ Amount: _____
 Shares: NHPDIP Sending Bank: _____

WIRE Redemption (The requested amount is to be wired **FROM** the Pool to the pre-existing wire instructions listed below.)

ACH Purchase (The requested amount will be transferred **TO** the Pool from the pre-existing ACH instructions and available on the next Pool business day.)

ACH Redemption (The requested amount is to be transferred **FROM** the Pool to the pre-existing ACH instructions and available on the next Pool business day.)

*(The instructions below must be on file with the Pool. If you want to use a **NEW** instruction, you must complete the **ACH Instructions** form or the **Wire Instructions** form and fax it to the NHPDIP Client Services Group.)*

NHPDIP Account #: _____ Transaction Date: _____
 Bank Name: _____ Shares: NHPDIP
 Bank Account #: _____ \$ Amount: _____
 ABA #: _____ Beneficiary Name: _____
 *Nickname: _____ *Beneficiary Account #: _____
 *Beneficiary Details: _____

TRANSFER (Money will be transferred by the NHPDIP Client Services Group from one account to another.)

From NHPDIP Account #: _____ To NHPDIP Account #: _____
 Transaction Date: _____ \$ Amount: _____

SIGNATURE: (Please have a Contact, who is authorized per Pool records to initiate purchases and redemptions of shares, sign below.)

 Authorized Signature Date Phone #

 Print or Type Name of Authorized Signatory Title/Position Email Address

Any document received by email will not be accepted. Please send by fax or mail.

FAX TO: NHPDIP Client Services Group
1-888-535-0120

MAIL TO: NHPDIP Client Services Group
P.O. Box 11760
Harrisburg, PA 17108-1760

POOL USE ONLY

V2016.06	DATE	INITIALS
Processed		
Confirmed		