

SECTION A: ACCOUNT INFORMATION

1. Entity Name:

2. ISJIT Account Name to be Closed (General, Payroll, etc.):

3. ISJIT Account Number to be Closed:

4. Effective Date of Account Closing:

5. Reason for Closing:

SECTION B: TRANSACTIONS

6. Please specify:

ACH Redemption from the Fund

Please send (via ACH) the balance of this account to:

Bank Name: _____

ABA Number: _____

Account Number: _____

Transfer to Internal ISJIT Account

Please transfer the balance of this account (plus accrued interest) to:

ISJIT Account Name (General, Payroll, etc.): _____

ISJIT Account Number: _____

Other

Please explain: _____

SECTION C: AUTHORIZATION

7. Requested by:

Signature

Print Name

Date

Title

Phone Number

Completed forms may be submitted to ISJIT via fax, email or regular U.S. mail.

Fax to 866-548-8633, Attn: ISJIT Scan and Email to: isjit@pmanetwork.com

Mail to: ISJIT Administration, PMA Financial Network, Inc., 2135 CityGate Lane 7th FL, Naperville IL 60563