

CLOSE SUB-ACCOUNT/MASTER AUTHORIZATION

SECTION A: ACCOUNT INFORMATION

1. Participant Name: _____
2. Master Account Number: _____
3. Name of Sub-Account to be Closed (Example: General, Water, Reserves): _____
4. Name of Master Account to be Closed (includes all sub-accounts): _____
5. Effective Date of Closing: _____
6. Reason for Closing: _____

SECTION B: TRANSACTIONS

7. If there is a balance, please specify payout method:

Transfer balance to Internal ISJIT Sub-Account

Transfer the balance of the closed account (plus accrued interest) to:

ISJIT Sub-Account Name: _____

ISJIT Sub-Account Number: _____

Same-Day Fed Wire Redemption

Wire ID Number: _____

Next-Day ACH (Automated Clearing House) Redemption

ACH ID Number: _____

SECTION C: AUTHORIZATION

This section must be signed by an authorized individual. An authorized individual is a person who has been granted authorization to close an account (as designated on the Primary Contact Information form or the Authorized Personnel Information form).

Signature: _____ Date: _____

Printed Name: _____ Phone: _____

Title: _____ Email: _____