

**Principal Trust Company**

A member of



Mailing Address:  
P.O. Box 8963  
Wilmington, DE 19899-8963  
800-209-9010 Fax: 302-999-9554

**Customer Letter of  
Authorization to  
Purchase Investment**

**Important:** All information on this form must be completed before Delaware Charter Guarantee & Trust Company d/b/a Principal Trust Company (Principal Trust Company), can execute a purchase for your account. Any missing information will cause processing to be delayed. Principal Trust Company will not assume any responsibility for purchases delayed due to missing, inaccurate, or illegible information or insufficient funds. Any outstanding invoice amounts, applicable charges for wiring proceeds to the investment, or charges related to using an overnight service will be deducted prior to forwarding the funds to make the purchase.

**Please print or type**

**1. Liquidation Information**

Name and Account Number of Investment to be liquidated (if check does not accompany form):  
Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Amount to be liquidated: \$ \_\_\_\_\_  
Investment to be liquidated is held at the:  Brokerage firm  Fund

**2. Purchase Information**

Type of Investment:  Private Placement Stock  Limited Partnership  Limited Liability Company  
 Promissory Note  Unit Investment Trust  Bond  
 Other (please list) \_\_\_\_\_  
Name of Investment: \_\_\_\_\_  
Amount of Purchase: \$ \_\_\_\_\_

**3. Delivery Instructions (select one)**

Make purchase check payable and send subscription documents to:  
Payee Name: \_\_\_\_\_ Account Number: (if applicable) \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
 Wire funds to the following: (There is a \$25 charge for wires. This charge will be debited from the proceeds prior to sending to the investment.)  
Bank Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
ABA Routing Number: \_\_\_\_\_  
For Credit to: \_\_\_\_\_ Further Credit to: \_\_\_\_\_  
Account Number: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

**4. Signature & Courier Instructions**

Please send the document (and check if applicable) by overnight courier. I understand that I will be charged \$15 in addition to all other charges and must supply a street address in the Delivery Instructions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_