NEW JERSEY
NJ/ARM
ASSET & REBATE MANAGEMENT PROGRAM

DIVIDEND REQUEST

Questions? Call 1-800-535-7829

Instructions: This document should be completed when an Investor would like to redeem the full balance of the account plus the dividend accrued. Submit this form through Connect, or fax or mail this form to the fax number or address at the bottom of the page.

INVESTOR INFORMATION: (All fields in this section must contain Investor information ONLY.)

CSGV2022.03

Investor Name: _____ (Name that appears on Program records)

TIN : - (Taxpayer Identification Number)

NJ/ARM Account Number: _____

Does this account have a Trustee? ☐ **No** ☐ **Yes** *(If yes, please have an authorized person from the Trustee sign below.)*

TRANSACTION REQUEST:

☑ **FULL REDEMPTION WITH DIVIDEND (DO NOT CLOSE THE ACCOUNT[1])**
NJ/ARM Client Services Group will not close the account listed above. The account will remain open for future activity. NJ/ARM Client Services Group will send the total remaining balance plus any accrued dividend in accordance with the banking instructions listed below.

EXISTING BANKING INSTRUCTIONS: (Please select the type of transaction and complete the detail instructions below.) (* = Optional fields)

*The ACH or wire instructions referenced below **must already exist** with the Program. To set up new instructions, complete and submit either the Wire Setup or ACH Setup form.*

Transaction Type: ☐ WIRE ☐ ACH ☐ Transfer to another NJ/ARM Account: _____ (Please list the NJ/ARM Account #)

ABA Routing Transit Number: _____ Bank Account Number: _____

*Additional Details: _____

Final Closeout Amount: _____ (Program Use Only)

SIGNATURE: (Please have a Contact authorized per Program records sign below.)

This section must be signed by either:

- a Contact who is currently authorized per Program records to initiate transactions, OR
- an individual who is appointed to an authorized position. Please include documentation (board minutes, resolution, fiduciary agreement, officer's certificate, Schedule C, etc.) evidencing appointment of this person to the authorized position.

✕ *Please print form and sign with blue or black ink.*

Authorized Signature	Date	Phone #
Print or Type Name of Authorized Signatory	Title/Position	Email Address

Any document containing sensitive information received by email will not be accepted. Please send by uploading through Connect, fax, or mail.

SEND VIA CONNECT:	Log in to Account Access	**FAX TO:**	NJ/ARM Client Services Group	**MAIL TO:**	NJ/ARM Client Services Group
Existing Connect Users Only	Click ✉ Secure Contact		1-800-252-9551		P.O. Box 11760
	Select file to upload - Send message				Harrisburg, PA 17108

Print Form

Clear Form

[1] *When an account is closed, the account is placed into an inactive status. Accounts may also be placed into an Inactive status if there is no balance or transactions for 366 consecutive days. Inactive accounts may be reactivated within 365 days of being placed into an Inactive status. Investors should verify account information such as addresses, statement recipients, and authorized Contacts on file when reactivating any accounts. If the account is in an Inactive status for 366 consecutive days it may not be reactivated for any reason.*