



New Investor Application

Questions? Call 1-844-846-8642

Instructions: Complete this application to become a new investor in GovMIC. This application must be included with all other required documentation and certifications in order to be accepted and processed by the GovMIC Client Services Group. Please fax or mail this completed application to your GovMIC Representative at the fax number or address listed at the bottom of this application.

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

Investor Name: _____ (Name to appear on Fund records)	Phone #: _____
Legal Name: _____ (Name as filed with the IRS, if different from above)	Fax #: _____
Street Address: _____ Street Address (A P.O. Box is not acceptable)	Entity Type: _____ (City, County, Special District, etc.)
_____ City State Zip	Fiscal Year End: _____ (Month and Day)
Mailing Address: _____ (If different from Street Address) Mailing Address (If different from Street Address)	
_____ City State Zip	

TAX IDENTIFICATION NUMBER (TIN)

Note: If the information required by this section is not provided, the current IRS Backup Withholding Rate of taxable dividends, capital gains and proceeds of redemptions and exchanges will be imposed under federal tax regulations.

TIN: _____ (Taxpayer Identification Number)	Form of Organization: _____ (e.g., 501(c)(3) organization, C corporation, limited liability company, etc.)
Tax Status: I have not been notified by the IRS that I am currently subject to Backup Withholding. I am an exempt recipient. I am neither a citizen nor a resident of the United States.	

INVESTOR CERTIFICATION: (A representative of the Investor should read, complete, sign and date this section.)

- I. The undersigned certifies that the Entity named on this application adopted or enacted the attached Ordinance/Resolution at a duly convened meeting of the governing body of the Entity held on the _____ day of _____, 20____, and that such Ordinance/Resolution is in full force and effect on the date of this application, and that such Ordinance/Resolution has not been modified, amended or rescinded since its adoption or enactment.
(Please attach the Ordinance/Resolution to this document.)
- II. The undersigned further certifies that the Entity has received a copy of the Fund's Information Statement and Declaration of Trust, and agrees that the Entity will be bound by the terms of such documents.
- III. Any checking account opened through the Fund is subject to the rules, regulations and procedures of the Depository.
- IV. Under penalty of perjury, the authorized Contact signing below certifies that the tax identification number provided for this entity is true, correct and complete.
- V. The information, authorizations, ordinances, resolutions and certifications set forth in or attached to this New Investor Application shall remain in full force and effect until the Fund receives written notification of change.

_____ Authorized Signature	_____ Date
_____ Print or Type Name of Authorized Signatory	_____ Title/Position

REQUIRED DOCUMENTATION: (Please include the following documents with this application.)

- W-9 (Name on W-9 must match IRS records)
- Resolution/Ordinance

FUND USE ONLY: (Please fax or mail this document to your GovMIC Representative for their signature below.)

_____ GovMIC Representative Signature	_____ Date
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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 <i>Existing Connect</i> Click <input checked="" type="checkbox"/> Secure Contact <i>Users Only</i> Select file to upload - Send message	FAX TO: GovMIC Client Services Group 1-888-535-0120	MAIL TO: GovMIC Client Services Group P.O. Box 11760 Harrisburg, PA 17108
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FUND USE ONLY	
V2022.04	INITIALS
Processed	
Confirmed	