

SEND VIA CONNECT:

Existing Connect

Users Only

Log in to Account Access

Click ☑ Secure Contact

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

V2022.04

Processed

Confirmed

INITIALS

New Investor Application

Duestions? Call 1-844-846-8642

<u>Instructions</u>: 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.

| | | () in freids in this section mast cor | ntain Investor information ON | LY.) | | |
|----------------------------|---|--|--|--|---|--|
| Invest | tor Name: | | | | Phone #: | |
| | _ | (Name to appea | ar on Fund records) | | - | |
| Legal ! | Name: | | | | Fax #: | |
| . . | | (Name as filed with the | IRS, if different from above) | | | |
| Street | : Address: | Street Address (A P.0 | O. Box is not acceptable) | | Entity Type: | (City, County, Special District, etc.) |
| | | · · | , , | | Fiscal Year End: | |
| | _ | City | State | Zip | _ | (Month and Day) |
| | ng Address: | | | | _ | |
| (If different | t from Street Address) | Mailing Address (If dif | ferent from Street Address) | | | |
| | _ | City | State | Zip | - | |
| TAX IDE | NTIFICATION | I NUMBER (TIN) | | | | |
| | | required by this section is not provided, t | he current IRS Backup Withho | ldina Rate of to | axable dividends, capital ad | nins and proceeds of redemptions |
| | • | posed under federal tax regulations. | ne carrent mo Backap Willing | ranig hate of te | inable alviaelias, capital ga | ins and proceeds of reachipations |
| TIN: | | For | m of Organization: | | | |
| | (Taxp | ayer Identification Number) | (e.g. | 501(c)(3) organi | zation, C corporation, limited li | iability company, etc.) |
| Tax St | atus: | have not been notified by the IRS that I | am currently subject to Back | up Withholding | ξ. | |
| i un ot | | am an exempt recipient. | a ca c, ca,cc. to 244 | -p | · | |
| | | am neither a citizen nor a resident of the | e United States. | | | |
| | | | | | | |
| NVEST | OR CERTIFICA | TION: (A representative of the Investor | should read, complete, sign a | nd date this se | ction.) | |
| I. | governing body on the date of t | ed certifies that the Entity named on this | | | | at a duly convened meeting of the |
| II. | | this application, and that such Ordinance, the Ordinance/Resolution to this docume | /Resolution has not been mod | | | Resolution is in full force and effec |
| | _ | • • • | /Resolution has not been mod <u>nt</u> .) | lified, amende | d or rescinded since its ado | Resolution is in full force and effec ption or enactment. |
| III. | be bound by th | the Ordinance/Resolution to this docume ad further certifies that the Entity has rec | /Resolution has not been mod <u>nt</u> .) eived a copy of the Fund's Inf | lified, amended | d or rescinded since its ado | Resolution is in full force and effect ption or enactment. |
| III. IV. | be bound by th Any checking a | the Ordinance/Resolution to this document and further certifies that the Entity has rec e terms of such documents. | /Resolution has not been mod nt.) reived a copy of the Fund's Inf ct to the rules, regulations an | dified, amended ormation State | d or rescinded since its ado ment and Declaration of T f the Depository. | Resolution is in full force and effect ption or enactment. Trust, and agrees that the Entity wil |
| | be bound by the Any checking and Under penalty. The informatio | the Ordinance/Resolution to this document of further certifies that the Entity has rec e terms of such documents. Account opened through the Fund is subje | /Resolution has not been mod nt.) reived a copy of the Fund's Info ct to the rules, regulations an g below certifies that the tax i s and certifications set forth | dified, amended ormation State d procedures o dentification no | d or rescinded since its ado ement and Declaration of T f the Depository. umber provided for this en | Resolution is in full force and effect ption or enactment. rust, and agrees that the Entity will the true, correct and complete. |
| IV. | be bound by the Any checking and Under penalty. The informatio | the Ordinance/Resolution to this document of further certifies that the Entity has rece e terms of such documents. Ecount opened through the Fund is subject of perjury, the authorized Contact signing In, authorizations, ordinances, resolutions Fund receives written notification of cha | /Resolution has not been mod nt.) reived a copy of the Fund's Info ct to the rules, regulations an g below certifies that the tax i s and certifications set forth | dified, amender ormation State d procedures o dentification no n or attached t | d or rescinded since its ado ement and Declaration of T f the Depository. umber provided for this en | Resolution is in full force and effect ption or enactment. rust, and agrees that the Entity wil tity is true, correct and complete. |
| IV. | be bound by th Any checking a Under penalty The informatio effect until the | the Ordinance/Resolution to this document of further certifies that the Entity has rece e terms of such documents. Ecount opened through the Fund is subject of perjury, the authorized Contact signing In, authorizations, ordinances, resolutions Fund receives written notification of cha | /Resolution has not been mod nt.) reived a copy of the Fund's Info ct to the rules, regulations an g below certifies that the tax i s and certifications set forth | dified, amender ormation State d procedures o dentification no n or attached t | d or rescinded since its ado ement and Declaration of T f the Depository. umber provided for this end to this New Investor Applic | Resolution is in full force and effect ption or enactment. rust, and agrees that the Entity will the true, correct and complete. |
| IV. V. | be bound by th Any checking as Under penalty The informatio effect until the Authorized Signature Print or Type | the Ordinance/Resolution to this document of further certifies that the Entity has rece e terms of such documents. Ecount opened through the Fund is subject of perjury, the authorized Contact signing In, authorizations, ordinances, resolutions Fund receives written notification of charge | /Resolution has not been mod nt.) Reived a copy of the Fund's Info ct to the rules, regulations an g below certifies that the tax i s and certifications set forth inge. | dified, amender ormation State d procedures o dentification no n or attached t | d or rescinded since its ado ement and Declaration of T f the Depository. umber provided for this ent to this New Investor Applicate | Resolution is in full force and effect ption or enactment. rust, and agrees that the Entity will the true, correct and complete. |
| IV. V. REQUIR | be bound by the Any checking as Under penalty. The information effect until the Authorized Signature or Type | the Ordinance/Resolution to this document of further certifies that the Entity has rece terms of such documents. Ecount opened through the Fund is subject of perjury, the authorized Contact signing n, authorizations, ordinances, resolution: Fund receives written notification of charges are produced in the produced signature. Name of Authorized Signatory NTATION: (Please include the following the follow | /Resolution has not been modent.) reived a copy of the Fund's Infect to the rules, regulations and below certifies that the tax is and certifications set forthinge. | dified, amended ormation State of procedures of dentification not not attached to the control of | d or rescinded since its ado ement and Declaration of T f the Depository. umber provided for this end to this New Investor Applicate | Resolution is in full force and effect ption or enactment. rust, and agrees that the Entity will the true, correct and complete. |
| IV. V. REQUIR • W | be bound by the Any checking as Under penalty. The information offect until the Authorized Signature of Type RED DOCUME | the Ordinance/Resolution to this document of further certifies that the Entity has received the Fund is subject to perjury, the authorized Contact signing an authorizations, ordinances, resolutions. Fund receives written notification of characteristics with the following state of Authorized Signatory. NTATION: (Please include the following the W-9 must match IRS records) | /Resolution has not been modent.) relived a copy of the Fund's Infect to the rules, regulations and below certifies that the tax is and certifications set forthinge. g documents with this applications applications and the rules are set for the inge. | dified, amended or a state of the control of the co | d or rescinded since its ado ment and Declaration of T f the Depository. umber provided for this ent to this New Investor Applic Date Title/Position inance | Resolution is in full force and effect ption or enactment. rust, and agrees that the Entity will the true, correct and complete. |
| IV. V. REQUIR | be bound by the Any checking as Under penalty. The information offect until the Authorized Signature of Type RED DOCUME | the Ordinance/Resolution to this document of further certifies that the Entity has rece terms of such documents. Ecount opened through the Fund is subject of perjury, the authorized Contact signing n, authorizations, ordinances, resolution: Fund receives written notification of charges are produced in the produced signature. Name of Authorized Signatory NTATION: (Please include the following the follow | /Resolution has not been modent.) relived a copy of the Fund's Infect to the rules, regulations and below certifies that the tax is and certifications set forthinge. g documents with this applications applications and the rules are set for the inge. | dified, amended or a state of the control of the co | d or rescinded since its ado ment and Declaration of T f the Depository. umber provided for this ent to this New Investor Applic Date Title/Position inance | Resolution is in full force and effect ption or enactment. rust, and agrees that the Entity will the true, correct and complete. |
| V. V. REQUIR VEUND U | be bound by the Any checking as Under penalty. The information offect until the Authorized Signature of Type RED DOCUME | the Ordinance/Resolution to this document of further certifies that the Entity has received the Fund is subject to perjury, the authorized Contact signing and authorizations, ordinances, resolutions. Fund receives written notification of characteristics with the following state of Authorized Signatory NTATION: (Please include the following the W-9 must match IRS records) are fax or mail this document to your Government. | /Resolution has not been modent.) eived a copy of the Fund's Information of the Fund's Informat | dified, amended or a state of the control of the co | d or rescinded since its ado ment and Declaration of T f the Depository. umber provided for this ent to this New Investor Applic Date Title/Position inance | Resolution is in full force and effect ption or enactment. rust, and agrees that the Entity w tity is true, correct and complete. |