Trusteed Account Application

Questions? Call 1-844-846-8642

Instructions: Use this application to open an Account with GovMIC for funds controlled by a Trustee. If this the Entity's first Account in GovMIC, you must include a completed **GovMIC New Investor Application** for this form to be processed. Submit this form through Connect, or fax or mail this form to the fax number or address at the bottom of the page 2. The new Account will be opened and available to receive deposits after all completed documentation and signatures have been reviewed and accepted.

GovMIC Account #: _____
(Fund Use Only)

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

CSGV2022.04

Investor Name: _____ **TIN:** _____
(Name that appears on Fund records) (Taxpayer Identification Number)

Account Title: _____
(New Account name to display on Fund records and statements)

Is this Account being set up for bond proceeds? ☐ Yes ☐ No

Pay dividends by reinvestment in: ☐ This Account ☐ Other GovMIC Account: _____
(Account Number or Account Name)

TRUSTEE INFORMATION: *(All fields in this section must contain Trustee information ONLY.)*

Trustee Name: _____

Trustee Contact: _____ **Contact Title:** _____

Email Address: _____ **Phone #:** _____ **Fax #:** _____

Note: The Investor MUST receive a statement for this Account. Please add a Contact from the Investor as a statement recipient in the Contact Permissions section below.

INVESTMENT OPTIONS: *(Please select the investment option(s) that your Entity may invest in.)*

As a Contact authorized to make investment decisions for the Entity listed above, I certify that the selected investments below are permitted investments for the funds to be invested.

☑ **GovMIC** ☐ **MILAF+ Cash Management Class** ☐ **Michigan TERM**

Note: I hereby acknowledge that the investment option(s) selected above should be added to the pre-established Account listed in the Investor Information section. Any Contact(s), their permission(s), and the banking instructions on record with this Account should not be altered in any way. _____ (Initial only if you are adding an investment option to a pre-established Account.)

SERVICES: *(Please select the services that your Entity is interested in. A representative from the Client Services Group will contact you to discuss.)*

☐ **ACH Purchase/Redemption** ☐ **Wire Purchase/Redemption**

Note: If a wire/ACH banking instruction is not established for this Account and the monies invested must be distributed to the Entity listed above, the Fund reserves the right to distribute this Account's balance and any accrued dividend via check. Should such an event occur, the check will be sent to the Investor's address on record.

CONTACT PERMISSIONS: *(Please complete the information below to add each Contact's permissions for this Account.)*

1.

CONTACT INFORMATION: (Contact must be previously established with the Fund)

Contact Name: _____
First and Last Name (Print)

Mailing Address: _____
Agency Name (If Applicable)

_____
Address

_____ _____ _____
City State Zip

CONTACT PERMISSIONS: (Please select all permissions that apply)

For the new Fund Account being established, this Contact may:

☑ View Account information.
☐ Initiate transactions.
☐ Open and close Accounts.
☐ Change banking instructions and Account information.
☐ Assign permissions to and establish other Contacts.
☐ Receive electronic statements.
☐ Receive paper statements.

*Contact must be on record. *All new Contacts must complete a Contact Record form.*

2.

CONTACT INFORMATION: (Contact must be previously established with the Fund)

Contact Name: _____
First and Last Name (Print)

Mailing Address: _____
Agency Name (If Applicable)

_____
Address

_____ _____ _____
City State Zip

CONTACT PERMISSIONS: (Please select all permissions that apply)

For the new Fund Account being established, this Contact may:

☑ View Account information.
☐ Initiate transactions.
☐ Open and close Accounts.
☐ Change banking instructions and Account information.
☐ Assign permissions to and establish other Contacts.
☐ Receive electronic statements.
☐ Receive paper statements.

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(New Account name to display on Fund records and Statements) | - (Taxpayer Identification Number)

3. CONTACT INFORMATION: (Contact must be previously established with the Fund)

Contact Name: First and Last Name (Print)

Mailing Address: Agency Name (If Applicable)

Address

City | State | Zip

CONTACT PERMISSIONS: (Please select all permissions that apply)

For the new Fund Account being established, this Contact may:

- ☑ View Account information.
- ☐ Initiate transactions.
- ☐ Open and close Accounts.
- ☐ Change banking instructions and Account information.
- ☐ Assign permissions to and establish other Contacts.
- ☐ Receive electronic statements.
- ☐ Receive paper statements.

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4. CONTACT INFORMATION: (Contact must be previously established with the Fund)

Contact Name: First and Last Name (Print)

Mailing Address: Agency Name (If Applicable)

Address

City | State | Zip

CONTACT PERMISSIONS: (Please select all permissions that apply)

For the new Fund Account being established, this Contact may:

- ☑ View Account information.
- ☐ Initiate transactions.
- ☐ Open and close Accounts.
- ☐ Change banking instructions and Account information.
- ☐ Assign permissions to and establish other Contacts.
- ☐ Receive electronic statements.
- ☐ Receive paper statements.

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5. CONTACT INFORMATION: (Contact must be previously established with the Fund)

Contact Name: First and Last Name (Print)

Mailing Address: Agency Name (If Applicable)

Address

City | State | Zip

CONTACT PERMISSIONS: (Please select all permissions that apply)

For the new Fund Account being established, this Contact may:

- ☑ View Account information.
- ☐ Initiate transactions.
- ☐ Open and close Accounts.
- ☐ Change banking instructions and Account information.
- ☐ Assign permissions to and establish other Contacts.
- ☐ Receive electronic statements.
- ☐ Receive paper statements.

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REQUIRED DOCUMENTATION: *(In addition to this form, the following documents are required.)*

- **Trustee Verification** (Schedule A)
- **Fund Document** (a copy of the first page)

OPTIONAL DOCUMENTATION: *(In addition to this form, the following documents are optional.)*

- **Contact Record** (New Contacts Only)
- **ACH Setup Instructions**
- **Wire Setup Instructions**

CERTIFICATION and SIGNATURE: *(Please have a Contact per Fund records who is authorized to open new Accounts sign below.)*

The Contact signing below has full authorization to open this Account on behalf of the Investor listed above and is an authorized representative of the Trustee listed above. The Fund reserves the right to request proof of authority in the form of election certification, board minutes, resolutions, fiduciary trusts agreement, etc. when opening Accounts and assigning permissions with the Fund. It is the sole responsibility of the Investor to promptly notify GovMIC of any changes to authorized Contacts.

Print or Type Name of Authorized Signatory | Title/Position

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

Authorized Signature | Date

FUND USE ONLY:

✕ GovMIC Representative Signature | Date

✕ Principal Approval Signature | Date

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:**	GovMIC Client Services Group	**MAIL TO:**	GovMIC Client Services Group
Existing Connect Users Only	Click ✉ Secure Contact		1-888-535-0120		P.O. Box 11760
	Select file to upload - Send message				Harrisburg, PA 17108

Print Form

Clear Form

Addendum to Trusteed Account Application

Questions? Call 1-855-274-7468

(New Account name to display on Fund records and Statements)

- (Taxpayer Identification Number)

Instructions: Complete this form to add additional Contact's permissions for this Account. If this addendum is needed, it must accompany the Trusteed Account Application.

6. CONTACT INFORMATION: (Contact must be previously established with the Fund)

Contact Name: First and Last Name (Print)

Mailing Address: Agency Name (If Applicable)

Address

City State Zip

CONTACT PERMISSIONS: (Please select all permissions that apply)

For the new Fund Account being established, this Contact may:

- ☑ View Account information.
- ☐ Initiate transactions.
- ☐ Open and close Accounts.
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- ☐ Receive paper statements.

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7. CONTACT INFORMATION: (Contact must be previously established with the Fund)

Contact Name: First and Last Name (Print)

Mailing Address: Agency Name (If Applicable)

Address

City State Zip

CONTACT PERMISSIONS: (Please select all permissions that apply)

For the new Fund Account being established, this Contact may:

- ☑ View Account information.
- ☐ Initiate transactions.
- ☐ Open and close Accounts.
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- ☐ Receive paper statements.

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Contact Name: First and Last Name (Print)

Mailing Address: Agency Name (If Applicable)

Address

City State Zip

CONTACT PERMISSIONS: (Please select all permissions that apply)

For the new Fund Account being established, this Contact may:

- ☑ View Account information.
- ☐ Initiate transactions.
- ☐ Open and close Accounts.
- ☐ Change banking instructions and Account information.
- ☐ Assign permissions to and establish other Contacts.
- ☐ Receive electronic statements.
- ☐ Receive paper statements.

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9. CONTACT INFORMATION: (Contact must be previously established with the Fund)

Contact Name: First and Last Name (Print)

Mailing Address: Agency Name (If Applicable)

Address

City State Zip

CONTACT PERMISSIONS: (Please select all permissions that apply)

For the new Fund Account being established, this Contact may:

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- ☐ Initiate transactions.
- ☐ Open and close Accounts.
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- ☐ Receive paper statements.

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10. CONTACT INFORMATION: (Contact must be previously established with the Fund)

Contact Name: First and Last Name (Print)

Mailing Address: Agency Name (If Applicable)

Address

City State Zip

CONTACT PERMISSIONS: (Please select all permissions that apply)

For the new Fund Account being established, this Contact may:

- ☑ View Account information.
- ☐ Initiate transactions.
- ☐ Open and close Accounts.
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	Select file to upload - Send message				Harrisburg, PA 17108

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