

Instructions: Complete this application to become a new Investor in the **Minnesota School District Liquid Asset Fund Plus (MSDLAF+)**. This application must be included with all other required documentation and certifications in order to be accepted and processed by the MSDLAF+ Client Services Group. Please fax or mail this completed application to your Account 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)

Legal Name: _____
(Name as filed with the IRS, if different from above)

Street Address: _____
Street Address (A P.O. Box is not acceptable)

City _____ **State** _____ **Zip** _____

Phone #: _____

Fax #: _____

Mailing Address: _____
Mailing Address (if different from Street Address)

City _____ **State** _____ **Zip** _____

Fiscal Year End: _____
(Month and Day)

Entity Type: _____
(City, County, School District, etc.)

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 : _____ **Form of Organization:** _____
(Taxpayer Identification Number) (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 represents and warrants that he/she has the full power and authority to make investments on behalf of the Investor listed above.
- II. The undersigned certifies that the Investor named on this application adopted or enacted the attached **Ordinance/Resolution** at a duly convened meeting of the governing body of the Investor 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force and effect on the date of this application, and that such Ordinance/Resolution has not been modified, amended or rescinded since its adoption or enactment.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.)
- III. The undersigned further certifies that the Investor has received a copy of the Fund's **Information Statement** and **Declaration of Trust**, and agrees that the Investor will be bound by the terms of such documents.
- IV. The establishment of an account is subject to acceptance by the Fund and is subject to the conditions under the provisions contained in the Information Statement and Declaration of Trust.
- V. Under penalty of perjury, the undersigned below certifies that the tax identification number provided for this Investor is true, correct and complete.
- VI. The information, authorizations, 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

TRUST USE ONLY: (Please fax or mail this document to your Account representative for their signature below.)

MSDLAF+ Representative 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
Existing Connect Users Only Click ☒ Secure Contact
Select file to upload - Send message

FAX TO: MSDLAF+ Client Services Group
1-888-535-0120

MAIL TO: MSDLAF+ Client Services Group
P.O. Box 11760
Harrisburg, PA 17108

FUND USE ONLY

V2022.04	INITIALS
Processed	
Confirmed	