## TRUSTEE VERIFICATION

MINNESOTA SCHOOL DISTRICT LIQUID ASSET FUND PLUS

FAX TO:

MSDLAF+ Client Services Group

1-888-535-0120

## Questions? Call 1-888-467-3523

SCHEDULE B

<u>Instructions:</u> This document should be completed in addition to a *Trusteed Account Application* when a trustee is opening a trustee-held account for the benefit of an Investor. Please have all three interested parties sign and date this document. Once completed, please fax or mail this document to your MSDLAF+ representative at the fax number or address listed at the bottom of this page.

			MSDLAF+ AC	COUNT #:		
				(	(Fund Use Only)	
SCHEDULE B DETAIL: (Please	e read, complete, sign a	nd date this section.)				
8 A A. a. d. a. a. a. d.	MCDIAE. The conde					
A trusteed account should be opened in	MSDLAF+. The under	rsigned nereby acknowledge	:			
1. The account is for the benefit of t	he following Investor:	:				
	(MSDLAF+ Investor)					
2. The undersigned reviewed, and a	The undersigned reviewed, and are familiar with, the relevant trust document. A copy of the first page of the trust document is attached.					
3. Based on our review of the trust of	document, we have de	etermined or confirmed that	:			
a. The fiduciary, trustee, or fisc	al agent which has he	en annointed under the true	t document is:			
a. The fiduciary, trustee, or fisc	ai agent winch has be	en appointed under the trus	t document is.	(Fiduciary, Trustee or	Fiscal Agent)	
b. MSDLAF+ is an authorized in	vestment under the t	trust document. and the trus	stee is authorized to		•	
in the Fund.		,				
	The account will be opened and held in the name of the trustee for the benefit of the Investor, and the trustee will be authorized, among other					
	things, to give the Fund direction with respect to opening and closing the account, requesting changes to account information and initiating the					
purchase and redemption of MSD	LAF+ shares.					
Investor Authorized Signatory	Title		Signature		Date	
					_	
Trustee, Fiduciary, or Fiscal Agent	Title		Signature		Date	
FUND USE ONLY: (Please fax or n	nail this document to yo	our MSDLAF+ representative for	their signature below	.)		
·	•	·		.*		
MSDLAF+ Representative	Title		Signature		Date	
Wisbert Representative	Title		Signature		Date	
REQUIRED DOCUMENTAT	ION: (Please include	the following documents with	this Schedule B.)			
New Investor Application		Trusteed Account App	dication	Trust Document (A co	ony of the first nage)	
(ONLY FOR NEW INVESTORS)		• Husteed Account App	lication	Trust Document (A co	ppy of the mot page)	
<ul> <li>Contact Record (New Contacts Only)</li> </ul>		<ul> <li>Permissions</li> </ul>				
Any document received by email will not be	assented Disease sound	hu fay ay mail				

MSDLAF+ Client Services Group

Harrisburg, PA 17108-1760

P.O. Box 11760

MAIL TO: