

Account Application

Questions? Call 1-833-736-6247

Instructions: Use this application to open an Account with the North Carolina Investment Pool (NCIP). If this is your Entity's first Account in NCIP, you must include a completed **NCIP New Participant 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. The new Account will be opened and available to receive deposits after all completed documentation and signatures have been reviewed and accepted.

					NCIP Account #:						
					(Pool Use Only)						
P	ARTICIPANT INF	ORMATION: (Please complet	te all fields in t	his section)							
		Charlen (neuse complet	ie un fierus in t	ins section.y							
	Participant Name:				TIN:						
			(Name that a	ppears on Pool records) (Taxpayer Identification Number)						
	Account Title:										
				(New Account name to	display on Pool records and statements)						
	Is this Account bein	g set up for bond proceeds?	Yes	No							
	Pay dividends by reinvestment in: This Account Other NCIP Account:										
·	(Account Number or Account Name)										
IN	INVESTMENT OPTION: (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.										
	NCIP Liquid Portfolio										
SE	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 Purc	hase/Redemp	tion							
N					ed must be distributed to the Entity listed above, the Pool reserves the right to distribute this						
					k will be sent to the Participant's address on record.						
~				In the order on the Com							
		· · ·			tact's permissions for this Account.)						
1.	CONTACT INFO	RMATION: (Contact must be previ	iously establishe	ed with the Pool)	CONTACT PERMISSIONS: (Please select all permissions that apply)						
	Contact Name:				For the new Pool Account being established, this Contact may:						
		First and Last Name (Print)			View Account information.						
	Mailing Address:				Initiate transactions.						
		Agency Name (If Applicable)			Open and close Accounts.						
					Change banking instructions and Account information.						
		Address			Assign permissions to and establish other Contacts. Receive electronic statements.						
		City	State	Zip	Receive paper statements. *Contact must be on record. All new Contacts must complete a Contact Record form.						
L					contact must be on record. An new contacto must complete a contact needra john.						
2.	CONTACT INFO	RMATION: (Contact must be previ	iously establishe	ed with the Pool)	CONTACT PERMISSIONS: (Please select all permissions that apply)						
	Contact Name:				For the new Pool Account being established, this Contact may:						
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		Agency Name (II Applicable)			Change banking instructions and Account information.						
		Address			Assign permissions to and establish other Contacts.						
		Address			Receive electronic statements.						
		City			Receive paper statements.						
L		City	State	Zip	*Contact must be on record. All new Contacts must complete a Contact Record form.						
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	Contact Name:				View Account information.						
		First and Last Name (Print)			Initiate transactions.						
	Mailing Address:				Open and close Accounts.						
		Agency Name (If Applicable)			Change banking instructions and Account information.						
					Assign permissions to and establish other Contacts.						
		Address			Receive electronic statements.						
					Receive paper statements.						
		City	State	Zip	*Contact must be on record. All new Contacts must complete a Contact Record form.						



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CONTACT INF	ORMATION: (Contact must be previo	usly established with the Pool)	CONTACT P	PERMISSIONS: (Please select all p	ermissions that apply)
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Contact Name			View Accou	int information.	
• • • · · · · • • • • • • • • • • • • •	First and Last Name (Print)		Initiate tran	nsactions.	
Mailing Address			Open and c	lose Accounts.	
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			Receive pap	per statements.	
	City	State Zip	*Contact must be on rec	cord. All new Contacts must com	plete a Contact Record form.
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Contact Name	:			int information.	
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	City	State Zip		cord. All new Contacts must com	plete a Contact Record form.
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IONAL DOCU	MENTATION: (In addition to th	is form, the following docur	ents are optional.)		
Contact	Record (New Contacts Only)	 ACH Setup Instruct 	ions 🔹 Wire Setu	up Instructions	
Contact					
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Users Only

Select file to upload - Send message

Questions? Call 1-833-736-6247

(New Account name to display on Pool 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 Account Application.

6.	CONTACT INFO	RMATION: (Contact must be prev	viously es	stablished with the Pool)	CONTACT PERMISSIONS: (Please select all permissions that apply)
Ī	Contact Name:				For the new Pool Account being established, this Contact may:
	contact Name.	First and Last Name (Print)			View Account information.
	Mailing Address:				Initiate transactions.
	0	Agency Name (If Applicable)			Open and close Accounts.
					Change banking instructions and Account information.
		Address			Assign permissions to and establish other Contacts.
					Receive electronic statements. Receive paper statements.
		City	State	e Zip	*Contact must be on record. All new Contacts must complete a Contact Record form.
7.	CONTACT INFO	RMATION: (Contact must be prev	viously es	stablished with the Pool)	CONTACT PERMISSIONS: (Please select all permissions that apply)
Ī	Contract Name				For the new Pool Account being established, this Contact may:
	Contact Name:	First and Last Name (Print)			View Account information.
	Mailing Address:	First and Last Name (Print)			Initiate transactions.
	Walling Address.	Agency Name (If Applicable)			Open and close Accounts.
		Agency Name (in Applicable)			Change banking instructions and Account information.
		Address			Assign permissions to and establish other Contacts.
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8.	CONTACT INFO	RMATION: (Contact must be prev	viously es	stablished with the Pool)	CONTACT PERMISSIONS: (Please select all permissions that apply)
	Contact Name:				For the new Pool Account being established, this Contact may: View Account information.
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	Contact Name:				For the new Pool Account being established, this Contact may:
		First and Last Name (Print)		<u> </u>	View Account information.
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	Mailing Address:	First and Last Name (Print)			Initiate transactions.
	maning Address:	Agency Name (If Applicable)			Open and close Accounts.
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					Receive electronic statements.
		City	State	e Zip	Receive paper statements.
L		1	5.30	- <u>-</u> ih	*Contact must be on record. All new Contacts must complete a Contact Record form.
Any	document containi	na sensitive information receiv	ed hy e	mail will not be accepted	Please send by uploading through Connect, fax, or mail. POOL USE ONLY
		Log in to Account Access	cu by e	FAX TO: NCIP Client Serv	
		Click 🖂 Secure Contact		1-888-535-0120	

Confirmed

Harrisburg, PA 17108