

Instructions: Complete this application to become a new Participant in the North Carolina Investment Pool (NCIP). This application must be included with all other required documentation and certifications in order to be accepted and processed by the NCIP Client Services Group. Submit this form through Connect, or fax or mail this form to the fax number or address at the bottom of the page.

PARTICIPANT INFORMATION: (All fields in this section must contain Participant information only.)

Participant Name: _____
(Name to appear on Pool 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: _____
(Township, 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.

PARTICIPANT CERTIFICATION: (A representative of the Participant 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 Participant listed above.
- II. The undersigned further certifies that the Participant has received a copy of the Pool's **Information Statement** and agrees that the Participant will be bound by the terms of such document.
- III. The establishment of an Account is subject to acceptance by the Pool and is subject to the conditions under the provisions contained in the Information Statement.
- IV. Under penalty of perjury, the undersigned below certifies that the tax identification number provided for this Participant is true, correct and complete.
- V. The information, authorizations, and certifications set forth in or attached to this New Participant Application shall remain in full force and effect until the Pool receives written notification of change.

Authorized Signature as Designated in the Resolution

Date

Print or Type Name of Authorized Signatory

Title/Position

REQUIRED DOCUMENTATION: (Please include the following **required** documents with this application.)

- Form W-9 (Name on W-9 must match IRS records)
- Resolution

POOL USE ONLY:

NCIP 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 Click <input checked="" type="checkbox"/> Secure Contact Existing Connect Users Only	FAX TO:	NCIP Client Services Group 1-888-535-0120	MAIL TO:	NCIP Client Services Group P.O. Box 11813 Harrisburg, PA 17108
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POOL USE ONLY	
V2021.04	INITIALS
Processed	
Confirmed	