

Trusteed Account Application

NCIP Account #:

Questions? Call 1-833-736-6247

(Pool Use Only)

<u>Instructions</u>: Use this application to open an Account with the North Carolina Investment Pool (NCIP) controlled by a Trustee. If this is the 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.

PARTICIPANT INFORMATION: (Please complete all fields in this section.)							
Participant Name:				TIN:			
·	(Name that appears on Pool records)				(Taxpayer Identification Number)		
Account Title:	unt 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 re	investment in: This Account	Other NCIP Account:					
		•		(Account Number or Account Name)			
TRUSTEE INFORM	ATION: (All fields in this section	must contain Trustee info	rmation ONLY.)				
111001221111011111	Title it (it jields in this section	must contain Trustee injoi	mation oner.,				
Trustee Name:							
Trustee Contact:			Contact Title:				
Email Address:			Phone #:		Fax #:		
Note: The Bartisinant	MUST receive a statement for this Acc	_	•				
Note. The Purticipant	wiosi receive a statement for this Acc	ount. Fleuse dad a Contact ji	om the Furticipant as a	statement recipient in the contact	t Permissions section below.		
INVESTMENT OPT	ION: (Please select the investme	nt option that your Entity	may invest in.)				
As a Contact authoriz	ed to make investment decisions for	r the Entity listed above, I co	ertify that the selected	investments below are permitted	d investments for the funds to be invested.		
NCIP Liquid Po	ortfolio						
CERVICES. (Discussion	aland the construction that are a factor		and a feet with a filtrain	Continue Control III and the	and the second		
	elect the services that your Entity i		itative from the Client	: Services Group Will contact yo	ou to discuss.)		
	•	se/Redemption		hoted to the Fother listed of our t	h- Dl		
	and any accrued dividend via check. S			•	he Pool reserves the right to distribute this I.		
CONTACT PERMIS	SIONS: (Please complete the inf	ormation below to add ea	ch Contact's permissio	ons for this Account.)			
1 CONTACT INFO	DRAATION: (Courte of second by second	andre and a blinder of a state at the Decel		ONTACT DEPARESIONS, (DI	and and all annual actions where any had		
1. CONTACT INFO	RMATION: (Contact must be previou	isly established with the Pool		ONTACT PERMISSIONS: (Please www.Pool Account being established)			
Contact Name:	-			iew Account information.	,		
A4.35 - A11	First and Last Name (Print)		In	nitiate transactions.			
Mailing Address:	Agency Name (If Applicable)		_ 0	pen and close Accounts.			
	Agency Name (If Applicable)		CI	hange banking instructions and	d Account information.		
	Address			ssign permissions to and estab	lish other Contacts.		
	Addicas			eceive electronic statements.			
	City	State Zip		eceive paper statements.	must complete a Contact Record form.		
			Contact mas	to be off record. Aff new contacts	must complete a contact necora jorni.		
2. CONTACT INFO	RMATION: (Contact must be previou	ısly established with the Poo	,	ONTACT PERMISSIONS: (Please			
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	Address			eceive electronic statements.			
				eceive paper statements.			
	City	State Zip	*Contact mus	st be on record. All new Contacts	must complete a Contact Record form.		
	City	State Zip	Re	eceive paper statements.	must complete a Contrat Beauty form		
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		New Account name to display on	Pool records ar	d Statements)	(Taxpayer Id	entification Nui	mber)
CONTACT INFO	ORMATION: (Contact must be previously	established with the Pool)		CONTACT PERMISSIONS: (Pleas	e select all permissio	ns that apply)	
Contact Name			For the r	ew Pool Account being establis	shed, this Contact	may:	
Contact Name	First and Last Name (Print)		,	View Account information.			
Mailing Address				nitiate transactions.			
3	Agency Name (If Applicable)			Open and close Accounts.			
	, , , , ,			Change banking instructions an			
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contact Name	First and Last Name (Print)		,	View Account information.			
Mailing Address		Initiate transactions.					
Mailing Address	Agency Name (If Applicable)			Open and close Accounts.			
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CONTACT INFO	ORMATION: (Contact must be previously	established with the Pool)		CONTACT PERMISSIONS: (Pleas	e select all permissio	ns that apply)	
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	Agency Name (If Applicable)			Change banking instructions an	nd Account informa	ation.	
				Assign permissions to and estal	blish other Contact	is.	
	Address			Receive electronic statements.			
				Receive paper statements.			
	City St:	ate Zip	*Contact mi	ist be on record. All new Contact	s must complete a C	Contact Record	l forn
QUIRED DOCU	MENTATION: (In addition to this fo	orm, the following documents	are required.				
• Trustee	Verification (Schedule A)	• Trust Document (a cop	y of the first p	age)			
TIONAL DOCU	MENTATION: (In addition to this fo	orm, the following documents	are optional.)			
 Contact 	Record (New Contacts Only)	ACH Setup Instructions	•	Wire Setup Instructions			
RTIFICATION a	nd SIGNATURE: (Please have a Col	ntact per Pool records who is	authorized to	open new Accounts sign below	<i>ı.</i>)		
	g below has full authorization to open serves the right to request proof of au		•		•		
	and assigning permissions with the Poo	•					
Print or Type Nan	ne of Authorized Signatory		Title/Posit	on			
		_					
Authorized Signature			Date				
OL LICE ONLY							
OL USE ONLY:							
NCIP Representat	tive Signature	Date	Principa	l Approval Signature		 Date	
•			•	0			0
	ning sensitive information received by					POOL US	
D VIA CONNECT:	Log in to Account Access	FAX TO: NCIP Client Serv		MAIL TO: NCIP Client Serv	vices Group	V2021.04	IN
sting Connect	Click ☑ Secure Contact	1-888-535-0120	J	P.O. Box 11813	7100	Processed	
ers Only	Select file to upload - Send message	1		Harrisburg, PA 1	1/108	Confirmed	i



SEND VIA CONNECT:

Existing Connect

Users Only

Log in to Account Access

Click ☑ Secure Contact

Select file to upload - Send message

Addendum to Trusteed Account Application

Questions? Call 1-833-736-6247

			(New Acco	ount name to display	on Pool records and Statements)	(Taxpayer Identification Number)
<u>lı</u>	nstructions: Compl	ete this form to add addition	nal Contact's perr	missions for this Ac	count. If this addendum is needed, it must accord	mpany the Trusteed Account Application
6.	CONTACT INFO	RMATION: (Contact must be p	reviously establish	ed with the Pool)	CONTACT PERMISSIONS: (Please	select all permissions that apply)
	Contact Name:				For the new Pool Account being establis	hed, this Contact may:
		First and Last Name (Print)		_	View Account information. Initiate transactions.	
	Mailing Address:				Open and close Accounts.	
		Agency Name (If Applicable)			Change banking instructions and	d Account information.
					Assign permissions to and estab	
		Address			Receive electronic statements.	
					Receive paper statements.	
		City	State	Zip	*Contact must be on record. All new Contacts	must complete a Contact Record form.
7.	CONTACT INFO	RMATION: (Contact must be p	reviously establish	ed with the Pool)	CONTACT PERMISSIONS: (Please	select all permissions that apply)
	Contact Name:				For the new Pool Account being establish	hed, this Contact may:
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	Mailing Address:				Initiate transactions.	
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		Address			Receive electronic statements.	non other contacts.
			_		Receive paper statements.	
		City	State	Zip	*Contact must be on record. All new Contacts	must complete a Contact Record form.
8.	CONTACT INFO	RMATION: (Contact must be p	reviously establish	ed with the Pool)	CONTACT PERMISSIONS: (Please	select all permissions that apply)
Ī	Contact Name:				For the new Pool Account being establis	hed, this Contact may:
	Contact Name.	First and Last Name (Print)			View Account information.	
	Mailing Address:	riist and East Hame (riiit)			Initiate transactions.	
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		Address			Assign permissions to and estab Receive electronic statements.	ilish other Contacts.
					Receive paper statements.	
		City	State	Zip	*Contact must be on record. All new Contacts	must complete a Contact Record form.
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		Address			Assign permissions to and estab	lish other Contacts.
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10.	CONTACT INFO	RMATION: (Contact must be p	reviously establish	ed with the Pool)	CONTACT PERMISSIONS: (Please	
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	Contact Name:				View Account information.	
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		Address			Assign permissions to and estab	lish other Contacts.
					Receive electronic statements.	
		City	State	Zip	Receive paper statements.	must complete a Contact Booord form
L		•		r.	*Contact must be on record. All new Contacts	must complete a Contact Record form.
Amu	da aumant aantain		animad bu amanil	:!!!	. Please send by uploading through Connect, fo	ax, or mail. POOL USE 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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INITIALS

V2021.04

Processed

Confirmed