

**CONNECTICUT STATE TREASURER
SHORT-TERM INVESTMENT FUND**

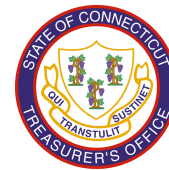


EXHIBIT E

SYSTEMATIC WITHDRAWAL PLAN FORM

1. ACCOUNT & WITHDRAWAL INFORMATION

1. STIF Account Number: _____
2. Fund Name: _____
3. Fund Number: _____
4. Day of month (examples 1, 15, 30): _____
5. Frequency of Withdrawal: Monthly _____ Quarterly _____ Annually _____
6. Date of First Transaction: _____
7. End Date of Systematic Redemption (leave blank if no end date): _____
8. Amount of Redemption: \$ _____

2. BANK INFORMATION **WIRE** **ACH**

1. ABA Number/Swift Code (8 or 11 characters): _____
2. Bank Name: _____
3. Bank City and State: _____

3. BENEFICIARY INFORMATION

1. Recipient Bank Account Number: _____
2. Recipient Bank Account Name: _____
3. *Recipient Street Address: _____
4. *Recipient City, State and/or Country: _____
5. Recipient Additional Wire Information (If needed): _____

4. FURTHER CREDIT INFORMATION (IF NEEDED)

1. Further Credit Bank Account Number: _____
2. Further Credit Bank Account Name: _____
3. *Further Credit Bank Street Address: _____
4. *Further Credit City, State and/or Country: _____
5. Further Credit Additional Wire Information (If needed): _____

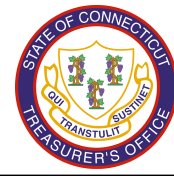
***Full Address is required of final destination account holder; either Recipient Bank Account or Further Credit Account**

5. AUTHORIZED SIGNOR REQUIRED

1. PRINT NAME: _____
2. PHONE NUMBER: _____
3. FAX NUMBER: _____
4. E-MAIL: _____

6. SIGNATURE: _____

The undersigned (i) authorizes the Transfer Agent and the Short-Term Investment Fund (the "Fund") in which it is investing or shall invest to act on Fax or emailed scanned copy instructions from any ONE person representing himself or herself to be an Authorized Person of the undersigned as set forth in the participant's Authorized signature list last received and processed by BNY Mellon and the Transfer Agent and reasonably believed by the Transfer Agent or Fund (as applicable) to be genuine and (ii) understands that it may be responsible for any fraudulent trade instructions as long as the Transfer Agent or Fund (as applicable) takes reasonable measures to confirm that instructions are genuine. The Institution acknowledges that the Funds are not FDIC-insured. The Funds are not bank deposits, bank obligations or bank-guaranteed. The Funds pose investment risks, including the possible loss of principal. Forms need to be received before the fund closing to be considered received for the day and we need at least three days advance notice for the first scheduled redemption. The date of the SWP will fall on the selected day unless it falls on a weekend or holiday then the following business day will be used unless it crosses into another month or year, then the prior business day.



SYSTEMATIC WITHDRAWAL PLAN
Connecticut State Treasurer's Short-Term Investment Fund

1. Account & Withdrawal Information

2. **STIF Account#** is the account number assigned to your account for STIF transactions. For opening of new account(s) or for changes to your existing account(s) and bank information, please use the Investor Registration (EXHIBIT B) form and check the appropriate box at the top of the form.
3. **Fund Name:** Short Term Investment Fund (136)
4. **Day of Month:** Date of month you wish the withdrawal payment to be made (examples 1, 15, 30)
5. **Frequency of withdrawal:** Check the frequency of withdrawal (examples monthly, quarterly, annually)
6. **Date of First Transaction:** Write the date when you wish the first withdrawal payment to be made.
7. **End Date:** Write the end date of withdrawal payment to be made (leave blank if no end date).
8. **Amount Redemption:** Write the fixed amount of the withdrawal payment.

2. Bank Information (Wire Instructions and ACH Instructions)

1. **ABA Number/Swift Code:** Routing number or Swift code
2. **Bank Name:** Receiving Bank Name
3. **Bank City and State:** City, ST of the Receiving bank address.

3. Beneficiary Information

1. **Receiving Bank Acct# :** Account number
2. **Recipient Bank Account Name:** The name on the bank account you want the withdrawal payment sent to.
3. **Recipient City and State:** City, ST of the Receiving bank address.
4. **Additional information:** You can write additional comments here if needed to direct the payment once your bank receives it.

4. Further Credit Information (If Needed): If your bank requires further information than what's included above, this section allows you to provide extra detail to direct your payment.

5. Authorized Signor: is the individual who is authorized to conduct STIF transactions. Please provide an original signature.

Please attach additional pages if necessary. Should you have any questions about this form, please contact STIF Administration at (860) 702-3118 or email STIFAdministration@ct.gov.