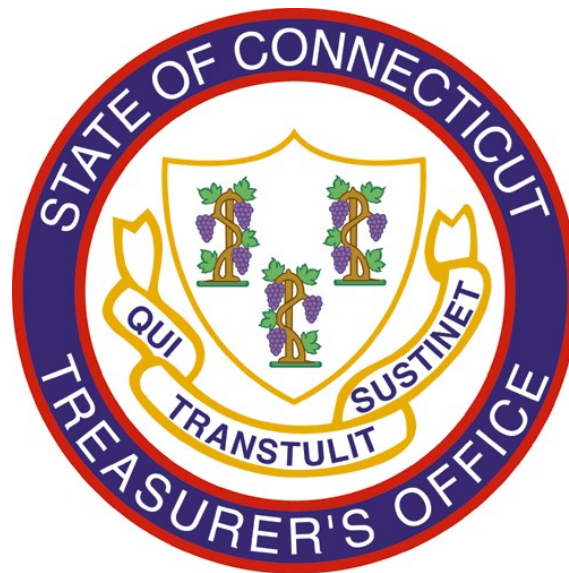
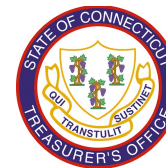


State of Connecticut Office of the Treasurer



Short-Term Investment Fund Investor's Guide



INVESTOR'S GUIDE

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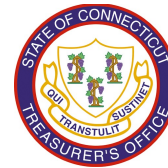
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The purpose of this manual is to provide investors and prospective investors with information on opening, closing and maintaining STIF accounts. We also have included a copy of the current Investment Policy (see Exhibit A).

I. STIF CONTACT INFORMATION

Telephone Numbers:

Investment Transactions:	1-877-225-8481 (Fund 136)
STIF Administration:	1-860-702-3118
Email:	stifadministration@ct.gov

Mailing Address for all STIF account documents:

Connecticut State Treasurer's Office
Short-Term Investment Unit Administration
165 Capitol Avenue
Hartford, Connecticut 06106

Note: Documents are located on the STIF website or you may call STIF Administration

STIF Management

Michael M. Terry, CFA Principal Investment Officer	860-702-3255
Paul Coudert Investment Officer	860-702-3254
Marc Gagnon Securities Analyst	860-702-3158
Peter Kennedy Securities Analyst	860-702-3047
Danielle Thompson Investment Technician II	860-702-3118

STIF Website

<https://portal.ct.gov/OTT/Pension-Funds/STIF/About-the-STIF>

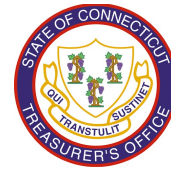
II. ACCOUNT MAINTENANCE

A. OPENING NEW STIF ACCOUNTS

Parties interested in opening a new STIF account should complete an Investor Registration Form (see Exhibit B). Please return all original forms to the Treasurer's Office. Please note the following:

- ◆ All account forms are available on-line at our website, <https://portal.ct.gov/OTT/Pension-Funds/STIF/Forms-and-Instructions>
- ◆ For security reasons, all new account information on the Investor Registration Form (IRF) must be signed by at least two authorized individuals prior to submitting it to the Treasurer's Office. Information required on the IRF is:
 - ❖ Names of individuals authorized to transact business on the STIF account
 - ❖ Bank instructions for electronic transfer of funds
 - ❖ Organization address and contact information
 - ❖ Other pertinent account information
- ◆ An Investor Registration Form—(Exhibit B) must be completed for each bank account that

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will receive wire transfers or ACH from your STIF account.

If you wish to have an individual who is not listed on the Investor Registration Form obtain balances, grant information, monthly data, and account history, an Online Access authorization Form must be filled out (Exhibit C - select Restricted access box)

Once the forms are returned to STIF, we will assign a 10-digit account number, and notify the investor of the account number. For security reasons, the identity of the number should be restricted to authorized personnel.

B. CHANGING EXISTING STIF ACCOUNTS

Changes to existing accounts should be made by completing an Investor's Registration Change Forms (Exhibit B). Please email or fax all forms to the Treasurer's Office and note the following:

- ♦ Investors must complete an Investor Registration Form (Exhibit B) to create a new STIF Account, make any changes to the information that the Treasurer's Office has on file, such as a new authorized signer, deleting an existing authorized user, or changing address information. The form must be signed by two authorized user.
- ♦ Investors must complete an Investor Registration Form (Exhibit B) to make a change on a bank account number or adding new bank information. For security purposes, all bank account information changes must be signed by two authorized individuals.

C. CLOSING STIF ACCOUNTS

If you wish to close your STIF account, withdraw funds in full using regular withdrawal procedures and email STIFadministration@ct.gov at the State Treasurer's Office, requesting that the account be closed.

III. TRANSACTIONS

After investors have completed all necessary paperwork to electronically transfer funds from their bank, STIF transactions may begin. An investor may make purchases/deposits and redemption/withdrawals utilizing an outside bank for the transfer of funds in and out of your STIF account. If an investor has more than one STIF account, transfers between accounts are also allowed.

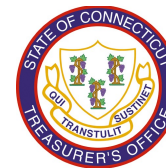
When executing a STIF transaction, please have the following information ready:

- a) STIF account number,
- b) STIF account name,
- c) Amount of the transaction,
- d) The name of the bank the funds are coming from (if a purchase/deposit) or the name and account number of the bank the funds are going to (if a redemption/withdrawal), and

Transaction Method	Transaction Information
Phone Transaction	Call the STIF Investor Services Unit at: 1-877-225-8481
On-Line Execution through STIF Express Web Portal	STIF Express (ct.gov) or https://www.your-fundaccount.com/SOC To sign up for on-line access, call the STIF Administration at: 860-702-3118 or email: STIFadministration@ct.gov

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B. TRANSACTION TIMES

Transaction Method	Transaction Times
On-line Execution: via STIF-Express portal	Transactions entered prior to 10:30 a.m. will be settled the same day. Transactions entered after 10:30 a.m. will be executed the next business day.
Phone (877-225-8481)	Transactions must be called in by 10:30 a.m. to ensure same day wire settlement. Transactions placed after 10:30 a.m. will be executed the next business day.
ACH: via STIF-Express portal	Transactions must be entered by 4 p.m. and will be placed as pending settlement. Purchase/deposits will settle in two business days. Redemption/withdrawals will settle in three business days.

C. INVESTMENT TRADE AND SETTLEMENT DATES

Note: Failure to give notice of purchase/deposits to the STIF office will result in the loss of at least the first day's interest. Interest is earned beginning on settlement date.

Transaction Method	Transaction Times
Wire Transfer	Wire transfer of funds allow same day posting. Transactions executed by 10:30 a.m. will be posted to the Investors account the same day.
ACH	Transactions entered by 4 p.m. will show the transactions as pending. STIF purchase/deposits will settle in two business days. STIF redemption /withdrawals will be settled in one business day. Please see ACH section IV. B for timing of funds transfer through your local bank.
Mail	Transactions must be entered prior to 4 p.m. and will be executed according to the ACH schedule outlined in Section IV. B ACH transactions in this manual.

D.

TRANSFERS BETWEEN STIF ACCOUNTS

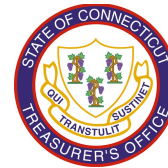
We will accommodate transfers between STIF accounts. This service is available only by phone. Call the STIF Investor Services Unit at 1-877-225-8481.

E. ON-LINE ACCOUNT LINKING PROCESS

If you have more than one STIF account and have the same authorized users on all accounts, you may have your accounts linked together in the on-line system. Linked accounts may be viewed as a portfolio of accounts and the user may access all accounts. To have your accounts linked, you must call the STIF Administration at 860-702-3118 or email STIFAdministration@ct.gov requesting this change.

F. Account Limits

There are no limits on the size or number of accounts or transactions.



IV. FUND TRANSFER METHODS

Transactions may be funded by any of the following methods: Wire Transfer, ACH, or Check.

A. Wire Transfer

We recommend that all investors use a "repetitive wire transfer" with their banks for making electronic deposits into their STIF accounts. A repetitive transfer is a preformatted transfer in which the instructions (credit and debit bank accounts) are always the same with only the date and dollar amount changing. This allows a less costly, less complicated, and more secure transaction.

Municipal investors are requested but are not required to use repetitive transfers. State agencies are required to use repetitive transfers, and the Treasury will assist them in establishing this electronic transfer capability.

Different banks may have different procedures and guidelines for electronic transfers. They may also require that investors sign an electronic transfer agreement. (The Treasury is responsible for State electronic transfer agreements; thus agencies should not sign any such agreement.)

When investors initiate electronic transfers via repetitive transfer codes, their banks debit the appropriate investor accounts, and credit a centralized clearing account at State Street Bank & Trust (our custodian). The funds are subsequently invested.

Investors initiating electronic transfers to STIF will need to give their bank the following specific wire instructions:

Bank Name	State Street Bank & Trust Company
Routing & Transit:	#011-000-028
DDA:	1178-232-3
DDA Name:	STATE OF CT SHORT TERM INVE FD SODZ
Further Credit:	Fund & Account Number (Fund 136 & STIF Account Number)

Municipal investors interested in obtaining additional information on repetitive transfer codes should contact their local banks.

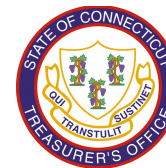
An instruction sheet titled STIF Wire Transfer Instructions (see Exhibit D) is included in this package which gives detailed information regarding wire transfers.

Wire Policy

- ❖ All outgoing wire transfer requests are processed after the 10:30 a.m. transaction cut off time. Wire requests are sent according to the wire instructions requested by the investor. Wire instructions must be approved and on file prior to transaction execution. Wires will be sent no later than 6 p.m. to ensure same day credit with your financial institution.
- ❖ Investors wiring funds to STIF should determine the proper timing arrangements with their bank to ensure timely notice is given to complete a transfer on the date they specify.
- ❖ There will be no STIF charges for wire transfers. However, your local bank may charge investors fees for electronic transfer of funds.

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B. ACH TRANSACTIONS

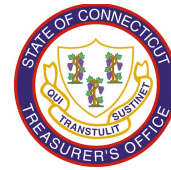
STIF offers the ability to place transactions through the Automated Clearing House (ACH) system. These transactions generally have lower bank fees but take longer to complete than wire transfers. Instructions for ACHs may differ from wire instructions even if they are from the same bank. Please choose appropriate selections on (exhibit B) to complete ACH instructions for your STIF account. Once the completed form is received, pre-notification will be sent to the bank to validate the ACH instructions. You may begin to use this service (10) days after pre-notification has been sent.

Once the ACH instructions are set up, it is not necessary to contact the bank and make arrangements for fund transfer as it will occur automatically.

Transaction Type	Trade Date	Next business day	Two business days	Three business days
Purchase/Deposit of STIF	An ACH request for purchase/deposit must be entered online or called in prior to 4 p.m. All ACH transactions are processed through the nightly cycle. On STIF Express, you will see the transaction show as a pending trade for an ACH purchase	Your local bank account will be debited for the amount of your STIF purchase/deposit.	Funds will be received by STIF after the 10:30 a.m. deadline. The transaction will be posted with a trade date as of this date. As the funds are posted later in the day it is considered a "p.m." transaction and will go into effect the following business day.	STIF purchase/deposit begins to earn interest as of this date.
Redemption/Withdrawal of STIF	An ACH request for redemption must be entered online or called in prior to 4 p.m. All ACH transactions are processed through the nightly cycle. The trade will be entered as a "p.m." transaction as of this date. You will earn interest through this date.		Your local bank will be credited for the amount of your STIF redemption/withdrawal.	

C. SYSTEMATIC WITHDRAWAL PLAN (SWP)

Systematic withdrawal plan (SWP) offers the ability for investors to withdraw a fixed amount from their Short Term Investment Fund account on a preset date monthly, quarterly, or annually. An investor can customize the cash flows to be withdrawn via Wire or ACH. Please fill out (exhibit E) form if you want to participate on the Systematic withdrawal plan. Completed forms should be emailed to STIFadministration@ct.gov for processing.



D. CHECK TRANSACTIONS

Deposits

Deposits may also be made by check. The stub at the bottom of the daily confirmation or monthly account statement should be filled out and sent with the check. Checks should be made payable to the Connecticut Short-Term Investment Fund. Funds may also be withdrawn by check for a fee of \$1 per check.

Check Writing Services

Check writing services may be used in connection with your STIF account. You may use checks to make payments to a third party or to deposit monies to the bank account of your choice. The cost of this service is \$1.00 per check.

To apply for this service, simply complete the signature card (see Exhibit H) with at least two authorized signatures. Please note that the individuals appearing on the signature card is authorized to sign checks must be authorized on the Investor Registration Form to make STIF transactions.

Upon completion, the original signature card should be mailed to the Treasurer's Office.

Should the authorized signatures subsequently change, the STIF Administration Unit must be contacted and a new Investor Registration Form and signature card must be completed.

A checkbook will be issued to the address reflected on your account.

V. STIF INVESTOR PROGRAMS

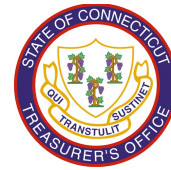
A. GRANT EXPRESS

Grant Express allows municipalities to have certain grant payments from the State of Connecticut deposited directly into their Short-Term Investment Fund (STIF) accounts. As a result, you will not need to wait for checks to be sent to you and then wait for the funds to become available.

In addition, Grant Express should enhance investment performance due to more stable aggregate STIF balances for state and municipal funds. Moving funds from our STIF account to your STIF account will be accomplished through bookkeeping transfers, thereby avoiding the need to sell securities to first cover the checks and then purchase securities if you subsequently return the funds to us for deposit in your STIF account.

If you wish to participate in the Grant Express program, please complete and return the Grant Express Program application form (see Exhibit I) to the STIF Investor Services Unit at the State Treasurer's Office. As with STIF purchase/deposit, we will send you a confirmation of the Grant Express deposit.

- ◆ Grants available for Grant Express program
 - ❖ Education Equalization (SID 17041)
 - ❖ Excess Cost—Student Based (SID 17047)
 - ❖ Excess Cost — Equity (SID 17048)
 - ❖ Mashantucket Pequot and Mohegan (SID 17005)



B. CLEAN WATER FUND EXPRESS

The clean Water Fund (CWF) Express program allows municipalities to have CWF monthly payments automatically transferred from STIF accounts to the CWF trustee, U.S. Bank N.A. Municipalities thereby keep their funds invested right up to the time of payment and eliminate the time consuming, cumbersome and costly process of transferring funds from STIF to bank accounts and then on to the CWF trustee.

If you wish to participate in the Clean Water Fund Express program, please complete and return the Clean Water Fund Express Program application form (see exhibit J) to the STIF Investor Services Unit at the State Treasurer's Office. As with any STIF withdrawal, we will send you a confirmation of the Clean Water Fund Express withdrawal.

C. DEBT SERVICE EXPRESS

The Debt Service Express Program allows municipalities to have debt service payments automatically transferred from their STIF accounts to the paying agent, U.S. Bank N.A. Municipalities thereby keep their funds invested right up to the time of payment and eliminate the time consuming, cumbersome and costly process of transferring funds from STIF to local bank accounts and then on to the bond paying agent.

If you wish to participate in the Debt Service Express program, please complete and return the Debt Service Express Program application form (Exhibit K) to the STIF Investor Services Unit at the State Treasurer's Office. As with any STIF withdrawal, we will send you a confirmation of the Debt Service Express withdrawal.

VI. STIF ACCOUNT INFORMATION

A. INTEREST DISTRIBUTIONS

Interest accrues on a daily basis based on STIF's actual earnings, less expenses and transfers to the Designated Surplus Reserve, and is paid monthly.

Local investors are given the option to have interest paid either by check, through automatic deposit to a bank account, or through automatic reinvestment to their STIF account. Interest for state agency accounts is automatically reinvested.

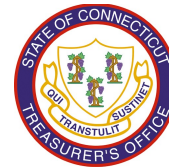
To help you keep your interest earnings productively invested, **we strongly recommend that investors select the automatic reinvestment option.**

B. CONFIRMATIONS AND MONTHLY STATEMENTS

Confirmations of deposits, withdrawals and interest payments are provided to investors at the address specified on the Investor Registration Form. Confirmation of daily transactions, with the exception of transactions made on the last day of the month, are sent the day after the transaction (see Exhibit F). Statements of monthly activity, including transactions occurring on the last day of the month, are mailed by the fifth business day of the following month (see Exhibit G). It is important that investors review and reconcile the confirmations and monthly statements to their own records. If any errors are discovered, please notify the STIF Investor Services Unit at (877) 225-8481 immediately.

Investors have immediate access to daily and monthly transactions through the on-line account access system, STIF Express.

To assist you in verifying the accuracy of interest payments, daily and monthly interest rates are available on the Internet at <https://portal.ct.gov/OTT/Pension-Funds/STIF/STIF-Daily-Rate>. For security and timeliness, we encourage investors to receive electronic statements, if, however, you want to receive printed statements and confirms, please fill out EXHIBIT B and select the option on top of the form to opt-in. Please email all completed forms to STIF.administration@ct.gov



C. SECURITY MEASURES

All phone transactions are verified by the STIF Investor Services Unit at (877) 225-8481 as to authorized caller and bank account (for withdrawals). The Investor Registration Form is used to identify the persons authorized to make transfers to and from STIF accounts. This same form also identifies the bank accounts to which we can send STIF withdrawals.

Only requests by authorized individuals will be honored. Likewise, funds cannot be wired to an unauthorized account. Therefore, it is vital that investors keep us updated when a change of authorized representatives or a change in bank accounts occurs.

Failure to give prompt notification of changes may result in unnecessary delays in depositing, investing or withdrawing funds. All telephone transactions are recorded.

All on-line inquiries are protected by password access and a secured website.

D. INSURANCE PAYMENTS

Investors may arrange to have withdrawals sent directly to Blue Cross/Blue Shield of Connecticut to cover insurance premiums or payments. If you are interested in this service, please contact STIF administration at (860) 702-3118 or email STIFAdministration@ct.gov.

E. LIABILITY

STIF cannot assume any liability for failure of an investor's local bank to accurately execute transactions.

F. ADMINISTRATIVE COSTS

The operating expenses of STIF and the reserve for losses are paid out of the Fund Earnings, and thus are shared proportionately by all investors. We do not charge sales or management fees to investors. Your local banks may charge investors fees for electronically transferring funds to your STIF account.

CONNECTICUT STATE TREASURER
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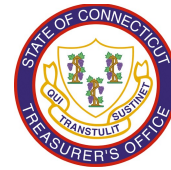


EXHIBIT A

The Short-Term Investment Fund Investment Policy Statement may be found on the fund website.

<https://portal.ct.gov/-/media/OTT/Pension-Funds/STIF/Investment-Policy/STIF-Investment-Policy-111919--Adopted.pdf>

CONNECTICUT STATE TREASURER

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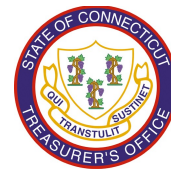


EXHIBIT B

INVESTOR REGISTRATION FORM

- | | |
|--|---|
| <input type="checkbox"/> 1. Change in Authorized Individuals | <input type="checkbox"/> 5. Change contact for STIF Correspondence |
| <input type="checkbox"/> 2. Change in Address/Email/Phone | <input type="checkbox"/> 6. New Account |
| <input type="checkbox"/> 3. Add Bank Account Instructions | <input type="checkbox"/> 7. Opt-In to Printed Statements & Transaction Confirms |
| <input type="checkbox"/> 4. Delete Bank Account Instructions | |

1. **Date:** _____ **STIF Account(s)** _____
2. **STIF Account(s) (Continued)** _____
3. **Organization Name:** _____
4. **STIF Account Name:** _____
5. **Address:** _____
6. **Phone:** _____ **Fax#:** _____

8. **Contact Person to Receive STIF Correspondence:**

Name: Title:	Email: Phone#:
-----------------	-------------------

9. **Add/Delete authorized individuals by checking the box to the right. Deleted individuals will be automatically removed from on-line access.**

<u>Name</u>	<u>Signature</u>	<u>Title / Email</u>	Add	Del
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

10. **Please list bank instructions you wish to "ADD" or "DELETE" and check "ACH" or "Wire" box.**

11. Bank Name/Financial Institution: _____	Add	Del
Routing Transit/ABA # : _____	<input type="checkbox"/>	<input type="checkbox"/>
Account #: _____ Bank Address: _____	ACH	Wire
Account Name: _____	<input type="checkbox"/>	<input type="checkbox"/>
Further Credit Name/Account # (if applicable): _____		
12. Bank Name/Financial Institution: _____	Add	Del
Routing Transit/ABA # : _____	<input type="checkbox"/>	<input type="checkbox"/>
Account #: _____ Bank Address: _____	ACH	Wire
Account Name: _____	<input type="checkbox"/>	<input type="checkbox"/>
Further Credit Name/Account # (if applicable): _____		

13. **Interest Instructions:** ☐ Automatic Reinvest ☐ Cut Check To: _____
- ☐ Interest deposited to bank instructions on file: Account # _____

14. **Authorized Officer:** _____

Signature	Print/Type Name	Title
-----------	-----------------	-------

Authorized Officer: _____

Signature	Print/Type Name	Title
-----------	-----------------	-------

Please verify the accuracy of all information. One signature is required for information changes and TWO signatures are required for bank information changes. Please email this form to: StifAdministration@ct.gov.



Investor Registration Instructions
Connecticut State Treasurer's Short-Term Investment Fund

1. **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 that form.
 2. **Date** is the date on which the form is completed.
 3. **Organization Name** is the name of your governmental unit (e.g., town/city name or state agency name).
 4. **STIF Account Name** is the name that the investor wants assigned to the account. This name may reflect the purpose for which funds are being invested (e.g., General Fund).
 5. **Address** is the mailing address where the investor wants STIF correspondence directed. Please include street or post office box number, city and zip code.
 6. **Phone Number** is the telephone number at which an authorized person can be reached regarding STIF transactions.
 7. **FAX Number** is the FAX number at which an authorized person can be reached regarding STIF transactions.
 8. **Contact Person Phone and Email** to receive STIF correspondence, reports, and statements.
 9. **Individuals authorized to conduct STIF transactions** - print/type name, original signature, email/phone and official title. There must be at least 2 names listed. **Deleted Individuals** will be automatically restricted from on-line access.
 - 10-12. **Routing Transit/ABA #** is the nine-digit routing number of the bank named in the previous row. **Bank Account Number** is the number of your account at the bank named in the first row. (Please note the account number is different for **WIRE** and **ACH** transactions). **Bank Address** is the bank's physical address. **Investor Bank Name** is the bank to which withdrawals/purchases will be made to/from STIF. Please select appropriate box for ACH/WIRE and if you are adding/deleting a bank.
- Important information about ACH:** 1). Not all banks participate in ACH, if your financial institution does not participate, you will not be eligible for this service. 2). You will not be able to utilize the ACH services for ten business days after application. 4). Wire instructions and ACH instructions may or may not differ. It is important to ask your financial institution if there are different instructions. 5). We will send a pre-notification to your financial institution to test the ACH instructions. If there is an error in the instructions, we will notify you by email or phone.
13. **Interest Instructions** - Indicate whether you want the interest distributed in the form of a check, automatically reinvested to your STIF account or wired into another STIF account.
 14. **Authorized Officer** is the individual who is authorized to conduct STIF transactions. Please provide an original signature. Two authorized individuals are required for bank information changes.

Please attach additional pages if necessary.

Contact **STIF Administration at (860) 702-3118** or email STIFAdministration@ct.gov if you have any questions.

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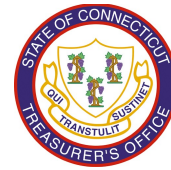


EXHIBIT C

Investor On-Line (STIF-EXPRESS) Account Access Authorization Form

NAME OF INDIVIDUAL(S) TO OBTAIN STIF-ON-LINE ACCESS (PLEASE PRINT CLEARLY):

♦ **Restricted:** Enables users to view account information and statement only

♦ **Unrestricted:** Access to make purchases and redemptions online

USER 1 ☐ New User ☐ Change User ☐ Delete User ☐ Restricted ☐ Unrestricted

1. STIF ACCOUNT NUMBER: _____

2. FIRST NAME: _____

2. LAST NAME: _____

3. PHONE NUMBER: _____

4. MAIL ADDRESS: _____

USER 2 ☐ New User ☐ Change User ☐ Delete User ☐ Restricted ☐ Unrestricted

1. STIF ACCOUNT NUMBER: _____

2. FIRST NAME: _____

2. LAST NAME: _____

3. PHONE NUMBER: _____

4. EMAIL ADDRESS: _____

USER 3 ☐ New User ☐ Change User ☐ Delete User ☐ Restricted ☐ Unrestricted

1. STIF ACCOUNT NUMBER: _____

2. FIRST NAME: _____

2. LAST NAME: _____

3. PHONE NUMBER: _____

4. EMAIL ADDRESS: _____

Section 2: Multiple Account Access (Please print all STIF account numbers and select all that apply)

⇒ STIF Account Number: _____ ☐ User 1 ☐ User 2 ☐ User 3

⇒ STIF Account Number: _____ ☐ User 1 ☐ User 2 ☐ User 3

⇒ STIF Account Number: _____ ☐ User 1 ☐ User 2 ☐ User 3

Signature: _____ Date: _____

Name (Please Print): _____

The individual signing document must be listed on the authorized trades list for the STIF account in which he/she is requiring access. To ensure accuracy, each municipality or governmental entity participating in STIF should periodically review and update the list of individuals authorized to transact for the investor account.

Please contact STIF administration at (860) 702-3118 or email: STIFadministration@ct.gov with any questions.

CONNECTICUT STATE TREASURER
SHORT-TERM INVESTMENT FUND

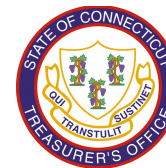


EXHIBIT D

STIF WIRE TRANSFER INSTRUCTIONS

In order to wire funds as a STIF investor, please contact your participating bank and complete any of the necessary paperwork, such as a bank wire transfer agreement or a repetitive wire transfer code request. (A repetitive transfer is a simplified wire transfer where the instructions are always the same, with only the date and dollar amount changing.)

YOU NEED TO INITIATE A BANK WIRE TRANSFER FROM YOUR BANK/FINANCIAL INSTITUTION ONLY TO DEPOSIT FUNDS INTO YOUR STIF ACCOUNT.

TO WITHDRAW FUNDS FROM STIF YOU NEED TO LOG ON TO STIF EXPRESS ONLINE or CALL THE SHORT-TERM INVESTMENT SERVICES UNIT AT 1-877-225-8481.

When making a transfer or setting up a repetitive wire transfer, the following information will be helpful:

Debit Information: Your debit account will be the checking account number at your particular bank from which you are wiring funds.

Credit Information: This will ALWAYS be:

Bank Name	State Street Bank & Trust Company
Routing & Transit:	#011-000-028
DDA:	1178-232-3
DDA Name:	STATE OF CT SHORT TERM INVE FD SODZ
Further Credit:	Fund & Account Number (Fund 136 & STIF Account Number)

TRANSACTIONS:

Please log-in to STIF-Express (NRS) and designate specific STIF account number and amount, or call the STIF Investor Services at 877-225-8481.

Please call your Bank or financial institution during normal banking hours when making a deposit into STIF and give it the exact wire instructions as specified above.

Transaction Method	Transaction Times
On-line Execution: via STIF-Express portal	Transactions entered prior to 10:30 a.m. will be settled the same day. Transactions entered after 10:30 a.m. will be executed the next business day
Phone (877-225-8481)	Transactions must be called in by 10:30 a.m. to ensure same day wire settlement. Transactions placed after 10:30 a.m. will be executed the next business day.
ACH: via STIF-Express portal	Transactions must be entered by 4 p.m. and will be placed as pending settlement. Purchase/deposits will settle in two business days. Redemption/withdrawals will settle in three business days

CONNECTICUT STATE TREASURER
SHORT-TERM INVESTMENT FUND

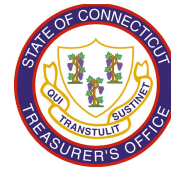


EXHIBIT E

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): _____

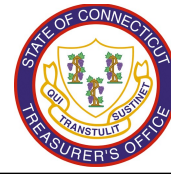
***Full Address is required of final destination account holder; either Recipient Bank Account or Further Credit Account**

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 State Street Bank & Trust 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.

CONNECTICUT STATE TREASURER

SHORT-TERM INVESTMENT FUND



EXHIBIT F



Connecticut State Treasurer's Office
Short-Term Investment Fund
55 Elm Street, 6th Floor
Hartford, CT 06106

Transaction Confirmation

Confirm Date: September 1, 2013
Account Number: 1234567890

00001 SH SOC1P801
BNYM IS TRUST CO CUST IRA FBO
LISA H. SHAREHOLDER
100 MAIN STREET
LYNNFIELD, MA 01940

STATE OF CONNECTICUT INFORMATION

Website: www.state.ct.us/ott/stifhome.htm
 Investor Services: 1-800-754-8430
Mon-Fri, 8:00 a.m. to 6:00 p.m. ET
 Email: STIFadministration@ct.gov

A MESSAGE FROM STATE OF CONNECTICUT

This statement reflects your recent account activity. Please take a moment to review this information for accuracy. You can visit the STIF website for information on daily rates and historical yields.

TRANSACTION DETAIL

Registration	Fund Name	Fund Number
BNYM IS TRUST CO CUST IRA FBO SUSAN SHAREHOLDER	CONNECTICUT SHORT TERM INVESTMENT FUND	0136

Transaction Date	Transaction Description	Dollar Amount	Share Price	Shares This Transaction	Share Balance
09/01/13	BEGINNING BALANCE				1,000.000
09/01/13	INVESTMENT	\$20,000.00	\$10.00	2,000.000	2,000.000
09/01/13	ENDING BALANCE	\$40,000.00	\$10.00		3,000.000

Fund Specific Message will print here.



000001 - 0001 of 0001 - NNNNN - 000001 - SOC1X1001 - JOB 12345
SOC - SH - XXXXXXXXXXXX - XXXXXX - XXXXXX

Shareholder Copy
Page 1 of 1

CONNECTICUT STATE TREASURER

SHORT-TERM INVESTMENT FUND

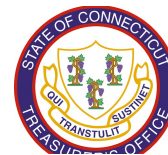


EXHIBIT G



Connecticut State Treasurer's Office
Short-Term Investment Fund
55 Elm Street, 6th Floor
Hartford, CT 06106

Monthly Statement

Statement Period: March 1, 2013 – March 31, 2013
Account Number: 1234567890

00001 SH MGTU1P801

BNYM IS TRUST CO CUST IRA FBO
LISA H. SHAREHOLDER
100 MAIN STREET
LYNNFIELD, MA 01940

STATE OF CONNECTICUT INFORMATION

Website: www.state.ct.us/ott/stifhome.htm
 Investor Services: 1-800-754-8430
8:00am to 6:00pm ET
 Email: STIFadministration@ct.gov

A MESSAGE FROM STATE OF CONNECTICUT

This statement reflects activity during the month of June 2013.

ACCOUNT AT A GLANCE

Account Changes	Month-to-Date beginning 03/01/13
Beginning Account Value	\$20,000.00
+Purchases/Reinvestments	\$140,000.00
- Withdrawals	\$10.00
Ending Account Value	\$300,000.00

FUND PERFORMANCE AS OF 06/30/2013

Rate: 0.000015237
Yield: 0.5561
Average Maturity (Days): 42
Effective 7-Day Yield: 0.18514
Effective 30-Day Monthly Yield: 0.18491

TRANSACTION DETAIL

Registration	Fund Name	Fund/Account Number
BNYM I S TRUST CO CUST IRA FBO LISA H. SHAREHOLDER	CONNECTICUT SHORT TERM INVESTMENT FUND	0136/1234567890

Transaction Date	Transaction Description	Dollar Amount	Share Price	Shares This Transaction	Share Balance
03/01/12	BEGINNING VALUE				2,000.000
03/01/12	CONTRIBUTION	\$20,000.00	\$10.00	2,000.000	4,000.000
03/15/12	CONTRIBUTION	\$20,000.00	\$10.00	2,000.000	6,000.000
03/17/13	CONTRIBUTION	\$20,000.00	\$10.00	2,000.000	8,000.000
03/18/13	CONTRIBUTION	\$20,000.00	\$10.00	2,000.000	10,000.000
03/01/13	CONTRIBUTION	\$20,000.00	\$10.00	2,000.000	12,000.000
03/22/13	CONTRIBUTION	\$20,000.00	\$10.00	2,000.000	14,000.000



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SOC - SH - XXXXXXXXXX - XXXXX - XXXXX

Shareholder Copy
Page 1 of 2

CONNECTICUT STATE TREASURER SHORT-TERM INVESTMENT FUND



EXHIBIT G



Connecticut State Treasurer's Office
Short-Term Investment Fund
55 Elm Street, 6th Floor
Hartford, CT 06106

Monthly Statement

Statement Period:
Account Number:

March 1, 2013 – March 31, 2013
1234567890

TRANSACTION DETAIL (continued)

Registration	Fund Name	Fund/Account Number
BNYM I S TRUST CO CUST IRA FBO LISA H. SHAREHOLDER	CONNECTICUT SHORT TERM INVESTMENT FUND	0136/1234567890

<u>Transaction Date</u>	<u>Transaction Description</u>	<u>Dollar Amount</u>	<u>Share Price</u>	<u>Shares This Transaction</u>	<u>Share Balance</u>
03/23/13	CONTRIBUTION	\$20,000.00	\$10.00	2,000.000	16,000.000
03/31/13	ENDING VALUE	\$160,000.00	\$10.00		16,000.000

Fund Specific Message will print here.

Shareholder Copy
Page 2 of 2

CONNECTICUT STATE TREASURER
SHORT-TERM INVESTMENT FUND

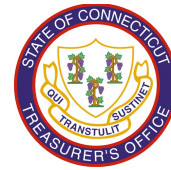


EXHIBIT H

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

SIGNATURE CARD

Account Name(s) as Registered _____

Account Number _____

Authorized Signatures(s)

1. _____

2. _____

3. _____

Check if all signatures are required

Check if only two signatures are required

SUBJECT TO CONDITIONS BELOW

The payment of funds is authorized by the signature(s) appearing on the reverse side.

If this card is signed by more than one person, all checks will require all signatures appearing on the reverse side unless a lesser number is indicated. If no indication is given, all checks will require all signatures. Each signatory guarantees the genuineness of the other signatures.

The Bank is hereby appointed agent for the person(s) the {the Depositor(s)} signing this card and, as agent, is authorized and directed to present checks drawn on this checking account to the Fund or its transfer agent as requested to redeem units of the Fund registered in the name of the Depositor(s) in the amounts of such check and to deposit the proceeds of such redemptions in this checking account. The Bank will be liable only for its own negligence.

The Depositor(s) agree to be subject to the rules and regulations of the Bank pertaining to this checking account as amended from time to time. The Bank reserves the right to charge, modify or terminate this checking account and authorization at any time.

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

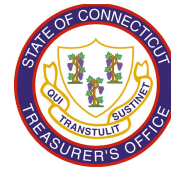


EXHIBIT I

**Grant Express Program
State of Connecticut**

Town _____

Please sign us up for the Grant Express program. We understand that the program now includes the grants listed below and that additional grants may be added in the future.

Excess Cost Student Based Grant (SPID #17047, Department of Education)

Education Equilization Grant (SPID #17041, Department of Education)

Mashantucket Pequot and Mohegan Fund Grant (SPID #17005 Comptroller's Office)

Deposit grant funds into the following account:

STIF Account Name: _____

STIF Account Number: _____

We understand that STIF will send us confirmation of Grant Express deposits. We also understand that this application to join Grant Express will be effective for grant payments occurring after 30 days from the date of receipt of the application.

Authorized Official (Name): _____

Signature: _____

Title: _____

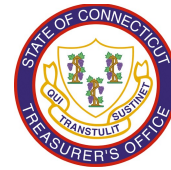
Date: _____

Telephone: _____

Please email to STIFAdministration@ct.gov or send applications to:

Office of the State Treasurer
STIF Administration
165 Capitol Avenue
Hartford, Connecticut 06106

Please call STIF Administration at (860) 702-3118 if you have any questions regarding the Grant Express Program or email STIFAdministration@ct.gov



**STATE OF CONNECTICUT
CLEAN WATER FUND EXPRESS PROGRAM**

Procedures

The following procedures shall govern the implementation of the Clean Water Fund Express Program, which provides municipal investors (the "Issuer") in the State of Connecticut's Clean Water Fund Program an opportunity to make payments of principal and interest to the State of Connecticut directly from such Issuers' Short Term Investment Fund (STIF) accounts. These procedures shall remain in effect until amended, in writing, by the State of Connecticut, Office of the State Treasurer (the "State"). U.S. Bank - National Association (the "Trustee") and State Street Bank & Trust (or their agent, collectively "SSB&T") shall abide by these procedures in their entirety.

To participate in the Clean Water Fund Express Program:

1. Each Issuer must direct, in writing to the State and the Trustee that its Clean Water Fund payments be directly debited from its STIF account. Such direction shall be in the form of the Clean Water Fund Authorization form and the Investor Registration form, each with instructions. The State shall prepare and deliver Exhibits B and J to the Issuers.
2. The Clean Water Fund Authorization form and Investor Registration form can be submitted to the State by facsimile transmission or mail.
3. The State shall forward copies of executed forms to the Trustee and SSB&T.
4. NRS shall establish a direct debit process for each Issuer.
5. The Trustee shall be notified to Issuer's direction to establish a direct debit account not more than 60 days or less than 30 days from the next payment date. The Trustee will confirm the date of the first direct debit with the Issuer. Notice may be given to the Issuer by telephone with a confirmation in writing by mail or facsimile transmission.
6. Each Issuer shall furnish SSB&T with a withdrawal authorization and amortization schedules if State Street Bank & Trust should require the latter.
7. The Trustee shall furnish SSB&T with a list of all Issuers no fewer than three days before any payment date.
8. Funds shall be credited to the Trustee's DDA XXXXXX by 11:00 a.m. on each payment date.

RECEIPT ACKNOWLEDGED:

Authorized Representative
U.S. Bank National Association

Authorized Representative
State Street Bank & Trust (or their agent)

CONNECTICUT STATE TREASURER
SHORT-TERM INVESTMENT FUND

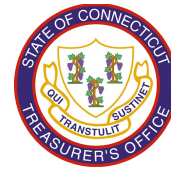


EXHIBIT J

Authorization Form
Clean Water Fund Express Program

I _____, being a duly authorized representative of
(Name of Authorized Representative/Officer)

_____,
(Name of Town and Office Represented Example: Town of XXXXX, Treasurer's Office)

located at _____,
(Address)

do hereby authorize STIF Investor Services to charge my State of Connecticut – Short-Term Investment Fund (STIF) account No. _____, for payments due on the Clean Water Fund – Project Loan Payments listed, either by the Clean Water Project Loan Payment Schedule (see form below) or by our Amortization Schedule.

U.S. Bank, National Association, as Trustee, agrees to continue to mail Maturity Bills to the above issuer, as notification, that a particular Project Loan Payment is due on a specified payment date.

(Signature and title of Authorized Representative) _____
(Telephone Number) Date _____

(FAX Number)

Acknowledged: _____ Date _____
(Authorized Representative/State of Connecticut)

Effective date confirmation, to be faxed or mailed to Issuer's authorized representative:

Received: _____ Effective Start Date: _____
State Street Bank & Trust (or their agent)
STIF Investor Services

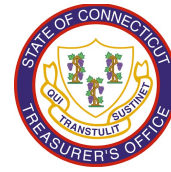
Clean Water Project Loan Payment Schedule

NAME OF ISSUER: _____

ISSUER NAME	LOAN REFERENCE #	D T D DATE	PAYMENT DATE	ORIGINAL ISSUE \$

OR

ATTACH AMORTIZATION SCHEDULE FOR EACH PROJECT LOAN PAYMENT



STATE OF CONNECTICUT
DEBT SERVICE EXPRESS PROGRAM

Procedures

The following procedures shall govern the implementation of the Debt Service Express Program, which provides municipal investors (the "Issuer") an opportunity to make Debt Service payments of principal and interest to its bond paying agent U.S. Bank National Association (the "Paying Agent"), directly from such Issuers' Short Term Investment Fund ("STIF") accounts. These procedures shall remain in effect until amended, in writing, by the State of Connecticut, Office of the State Treasurer (the "State"). U.S. Bank National Association (the "Paying Agent") and State Street Bank & Trust (or their agent, collectively "SSB&T") shall abide by these procedures in their entirety.

To participate in the Debt Service Express Program:

1. Each Issuer must direct, in writing to the State and the Paying Agent that its Debt Service Fund payments be directly debited from its STIF account. Such direction shall be in the form of the Debt Service Express Program form and the Investor Registration form, each with instructions. The State shall provide and deliver Exhibits B and K to the Issuers.
2. The Debt Service Express Program form and Investor Registration form may be submitted to the State by facsimile transmission or mail.
3. The State shall forward copies of executed forms to the Paying Agent and State Street Bank & Trust (or their agent).
4. The Paying Agent shall establish a direct debit process for each Issuer and shall inform each Issuer of the scheduled date of the first debit. Notice may be given to the Issuer by telephone with a confirmation in writing by mail or facsimile transmission.
5. The Paying Agent shall be notified of Issuer's direction to establish the direct debit process not more than 60 days or less than 30 days from the next payment date.
6. The Paying Agent shall furnish State Street Bank & Trust (or their agent) with a list of all Issuers being paid by direct debit, together with principal and interest schedule for each Issue, no fewer than three days prior to any payment date.
7. Funds shall be created to the Paying Agent's DDA XXXXX by 11:00 a.m. on each payment date.

RECEIPT ACKNOWLEDGED:

Authorized Representative
U.S. Bank National Association

Authorized Representative
State Street Bank & Trust (or their agent)

CONNECTICUT STATE TREASURER
SHORT-TERM INVESTMENT FUND

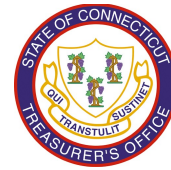


EXHIBIT K

Authorization Form
Debt Service Express Program

I _____, being a duly authorized representative of
(Name of Authorized Representative/Officer)

(Name of Town and Office Represented Example: Town of XXXXX, Treasurer's Office)

located at _____,
(Address)

do hereby authorize U. S. Bank N. A. to charge my State of Connecticut – Short-Term Investment Fund (STIF) account No. _____, for payments due on the Debt Service Issues listed, either by the Debt Service Payment Schedule (see form below) or by our Amortization Schedule.

U.S. Bank, National Association, as Paying Agent, agrees to continue to mail Maturity Bills to the above issuer, as notification, that a particular Debt Service Payment is due on a specified payment date.

(Signature and title of Authorized Representative) _____
(Telephone Number) Date _____

(FAX Number)

Acknowledged: _____ Date _____
(Authorized Representative/State of Connecticut)

Effective date confirmation, to be faxed or mailed to Issuer's authorized representative:

Received: _____ Effective Start Date: _____
State Street Bank & Trust (or their agent)
STIF Investor Services

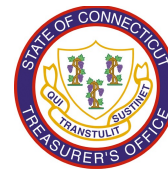
Debt Service Payment Schedule Form

NAME OF ISSUER: _____

ISSUER NAME	D T D DATE	PAYMENT DATES	ORIGINAL ISSUE \$

OR
ATTACH AMORTIZATION SCHEDULE FOR EACH DEBT SERVICE PAYMENT

CONNECTICUT STATE TREASURER
SHORT-TERM INVESTMENT FUND



TREASURER Shawn T. Wooden

State of Connecticut (860) 702-3000

Assistant Treasurer Robert Scalise

Cash Management (860) 702-3000

STIF Investment Management

Principal Investment Officer Michael M. Terry, CFA
860.702.3255

Investment Officer Paul A. Coudert
860.702.3254

Securities Analyst Marc Gagnon
860.702.3158

Securities Analyst Peter Kennedy
860.702.3047

Investment Technician II Danielle Thompson
860.702.3118

Investment Transactions 1-877-225-8481

STIF Administration 860.702.3118

STIFexpress Website <https://portal.ct.gov/OTT/Pension-Funds/STIF/STIF-Express>

CONNECTICUT STATE TREASURER
SHORT-TERM INVESTMENT FUND

