CONNECTICUT STATE TREASURER

SHORT-TERM INVESTMENT FUND



	INVESTO	R REGIST	RATION FORM			
\Box 1. Change in Authorized Individuals			Change contact for STIF Co	orrespondence		
\Box 2. Change in Address/Email/Phone		□ 6.	New Account			
□ 3. Add Bank Account Instructions		□ 7.	Opt-Out of Printed Stateme	ents & Transaction	Confirms	
□ 4. Delete Bank Acco	ount Instructions					
1 Date:	STIF Account(s)					
2. STIF Account(s) (Continue	d)					
3. Organization Name:						
4. STIF Account Name:						
5. Address: 6. Phone:	Eav	#.				
8. Contact Person to Receive	STIF Correspondence		1.			
Name: Title:		Ema Phor				
9. Add/Delete authorized indi removed from on-line access.	ividuals by checking t	he box to	the right. Deleted indivi	duals will be auto	omatical	ly
<u>Name</u>	<u>Signature</u>		<u>Title / Email</u>		Add	Del
					_ □	
					_ □	
					_ □	
10. Please list bank instruction	ns vou wish to "ADD"	or "DELET				
11. Bank Name/Financial Inst	-				Add	Del
Routing Transit/ABA # :						
Account #:	Bank Address:				ACH	Wire
Account Name:						
Further Credit Name/Acco	ount # (if applicable):				_	_
12. Bank Name/Financial Inst	titution:				Add	Del
Routing Transit/ABA # :						
Account #:					ACH	Wire
Account Name:						
Further Credit Name/Acco	ount # (if applicable):					
13. Interest Instructions:	Automatic Reinvest	Cut Che	eck To:			_
□ Interest deposited to bank	instructions on file: Acco	ount #				-
14. Authorized Officer:	<u>.</u>		5. I. I. (7			
			Print/Type Name	Title		
Authorized Officer:	Signaturo		Print/Type Name	Title		
					or book	
Please verify the accuracy of all inform information changes. Please email this	s form to: StifAdministration	nireu for inf 1 <mark>@ct.gov.</mark>	ormation changes and 1 wO sig	natures are required t		

CONTRACTOR

EXHIBIT B

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.
- 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 <u>STIFAdministration@ct.gov</u> if you have any questions.