CONNECTICUT STATE TREASURER SHORT-TERM INVESTMENT FUND



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 informatio	n and	statement only
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•	Unrestricted: Access to make purchases and redemptions online								
1.	STIF ACCOUNT NUMBER:								
2.	FIRST NAME:								
2.	LAST NAME:								
3.	PHONE NUMBER:								
4.	EMAIL ADDRESS:								
	ER 2 INew User STIF ACCOUNT NUMBER:	🗆 Change User							
2.	FIRST NAME:								
2.	LAST NAME:								
3.	PHONE NUMBER:								
	EMAIL ADDRESS:								
US	ER 3 🛛 🗆 New User	🗆 Change User	🗆 Delete User	🗆 Restricted					
1.	STIF ACCOUNT NUMBER:								
2.	FIRST NAME:								
2.	LAST NAME:								
3.	PHONE NUMBER:								
	EMAIL ADDRESS:								
Sec	ction 2: Multiple Account	t Access (Please print al	I STIF account numbe	rs and select all t	nat apply)				
\Rightarrow	STIF Account Number:		User 1	□ User 2	□ User 3				
\Rightarrow	STIF Account Number:		User 1	🗆 User 2	□ User 3				
⇒	STIF Account Number:		User 1	🗌 User 2	□ User 3				
Sigi	nature:			Date:					
Nar	ne (Please Print):								
she	e individual signing docu is requiring access. ensure accuracy, each n d update the list of indiv								

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