



INVESTOR REGISTRATION FORM

- 1. New Account
- 2. Add/Delete Authorized Representatives
- 3. Change in Organization Address/Email/Phone
- 4. Add/Delete Bank Account Instructions
- 5. Update in Contact Information

1. **MUNI Trust Account #:** _____

2. **Date:** _____

3. **MUNI Trust Account Name:** _____

4. **Municipal Name:** _____

5. **Municipal Unit:** _____

6. **Address:** _____

7. **Phone:** _____

8. **Contact Person**

Name: Title:	Email: Phone#:
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9. **Add/Delete Authorized Representatives on the account.** Select the “ADD” or “DELETE” box on the right. These individuals are duly authorized representatives of the Participating Trust, having the authority to conduct business on the MUNI Trust account, which includes opening the account, making updates/changes to the account, as well as transacting on the Account. Deleted individuals are automatically removed from on-line account 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"/>

10. **Add/Delete Banking Information for Redemptions out of MUNI Trust account.** Select “**ADD**” or “**DELETE**”.

- **Bank Name:** _____ **Add** **Del**
- Routing Transit/ABA #:** _____
- Bank Account#:** _____ **Account Name:** _____
- Bank Address:** _____

- **Bank Name:** _____ **Add** **Del**
- Routing Transit/ABA #:** _____
- Bank Account#:** _____ **Account Name:** _____
- Bank Address:** _____

11. **Online Access:** Individuals that regularly execute transactions or need to review account information may be setup with on-line access. See (Exhibit D) form to obtain on-line access to your MUNI Trust account.

12. **Authorized Representative:** _____

Signature	Print/Type Name	Title
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Authorized Representative: _____

Signature	Print/Type Name	Title
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Please verify the accuracy of all information. Two signatures are required for all changes to a MUNI Trust account. Please email completed form to: OTT.MUNITrustAdministration@ct.gov.



Investor Registration Instructions
Connecticut State Treasurer's Municipal Employee Retirement Fund

1. **MUNI Trust Account#** is the account number assigned to your account for MUNI Trust transactions.
2. **Date** is the date on which the form is completed.
3. **MUNI Trust Account Name** is the name that the investor wants assigned to the account. This name typically reflects the purpose for which funds are being invested (e.g., Hartford Pension Investments).
4. **Municipal Name** is the name of your municipality (e.g., town/city name).
5. **Municipal Unit** is the specific part of the municipality investing in MUNI Trust. (e.g., regional school District #7)
6. **Address** is the mailing address where the participating trust is located and where correspondence can be mailed. Please include street or post office box number, city, and zip code.
7. **Phone Number** is the telephone number at which an authorized person can be reached regarding MUNI Trust transactions.
8. **Contact Person** is the individual we can contact with inquires on the account. The name of this contact will be listed on the monthly statements. **Please be sure to provide a direct phone number.**
9. **Add/Delete Authorized Representatives. These are individuals are authorized to conduct business on the MUNI Trust account**, which includes opening, updating and transacting on the account. Deleted Individuals are automatically restricted from on-line access. **To ensure accuracy, each municipal entity participating in MUNI Trust should periodically review and update the list of individuals authorized to transact on the account.**
10. **Add/Delete Banking Information. List bank** which would receive redemptions out of your MUNI Trust account. Please select if you are adding/deleting the banking information, on the right. **All redemptions out of MUNI Trust are done via Wire Transfer. Routing Transit/Wire ABA #** is the nine-digit routing number provided by the bank. **Bank Account Number** is the number of your account at the bank. **Bank Address** is the bank's physical address.
11. **Online access** will be granted for everyone authorized to transact on the account. Investors will be issued a unique username and prompted to create a password. Please fill out the Online Access form (EXHIBIT D) and email to OTT.MUNITrustAdministration@ct.gov to obtain online access to your MUNI Trust.
12. **An Authorized Representative** is an individual who has been previously authorized on the account. **Two Authorized Representatives are required to sign this document.**

Please email completed form to MUNI Trust Administration at:
OTT.MUNITrustAdministration@ct.gov and call (860) 702-3118 with any questions.