

Investor Registration New Account Form
Connecticut State Treasurer's Short-Term Investment Fund (STIF)

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

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

Name: _____	Email: _____
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8. **Investor Bank Account Information (bank to which withdrawals will be sent):**

<u>Bank Name</u>	<u>Routing Transit/ABA #</u>	<u>Bank Account #</u>	<u>Bank Account Name</u>
_____	_____	_____	_____
_____	_____	_____	_____

9. **Individuals authorized to conduct STIF transactions: (At least 2 signatures required)**

<u>Name</u>	<u>Signature</u>	<u>Title</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. **On-Line Access:** Individuals that regularly execute transactions may be set-up with on-line access:

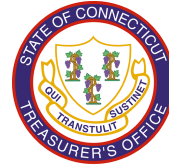
- a) Would you like this account to have on-line access: ☐ Yes ☐ No
- b) Would you like this new account linked: ☐ Yes ☐ No
- c) If yes, link to existing STIF Account #: _____

11. **Interest Instructions:** ☐ Automatic Reinvest ☐ Cut Check To: _____
☐ Interest to be Wired To Account # _____

12. **Authorized Officer:** _____

	<u>Signature</u>	<u>Print/Type Name</u>	<u>Title</u>
Authorized Officer:	_____	_____	_____
	<u>Signature</u>	<u>Print/Type Name</u>	<u>Title</u>

Each person signing this form should verify the accuracy of all information – particularly bank information – before signing.
Please mail this form to: Office of the State Treasurer, STIF Administration, 55 Elm Street - 6th Floor, Hartford, CT 06106.



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

1. **Date** is the date on which the form is completed.
2. **Organization Name** is the name of your governmental unit (e.g., town/city name or state agency name).
3. **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).
4. **Address** is the mailing address where the investor wants STIF correspondence directed. Please include street or post office box number, city and zip code.
5. **Phone Number** is the telephone number at which an authorized person can be reached regarding STIF transactions.
6. **FAX Number** is the telephone number at which an authorized person can be reached regarding STIF transactions.
7. **Contact Person and Email** to receive STIF correspondence, reports, and statements.
8. **Investor Bank Name** is the bank to which withdrawals from STIF will be sent. Please list only one authorized account number per Investor Registration Form. **Routing Transit/ABA #** is the nine-digit routing number of the bank named in the previous column. **Bank Account Number** is the number of your account at the bank named in the first column. **Bank Account Name** is the account name that appears on your monthly bank statement.
9. **Individuals authorized to conduct STIF transactions** - print/type name, original signature, and official title. There must be at least 2 names listed.
10. **On-Line access and linking of on-line accounts** - Standard on-line access maybe granted for each individual account. Investors will be issued one password per account. In the event that investors would like to have more than one authorized user have on-line access to an account, it is necessary for STIF administration to link the accounts and authorized users together. Please call a STIF representative at (860) 702-3118 who will work directly with each account to set up the initial linking. All accounts that are linked must have the same authorized individuals as transactions can be executed on any of the accounts by any authorized individual. A linking worksheet is filled out by STIF staff and verified by an authorized investor.
11. **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.
12. **Authorized Officer** is the individual who is authorizing persons to conduct STIF transactions. Please provide an original signature. Two authorized individuals are required for new accounts.

Please attach additional pages if necessary. Should you have any questions about this form, please contact the STIF Administration Unit (860) 702-3118.