



Registration Packet

Local Government Investment Pool



Account Authorization

The undersigned officer specified in IC §5-13-9-1 of a unit of government of the state of Indiana (the Participant), does hereby request that the Treasurer of the State of Indiana (the Treasurer) establish an account for the benefit of the Participant within the local government investment pool (the Pool) established pursuant to IC §5-13-9-11(b). By executing and delivering this Account Registration Form and the accompanying Data Form, the Participant agrees that the account so established will be subject to and bound by the policies established from time-to-time by the Treasurer pursuant to IC §5-13-9-11(g).

The undersigned hereby certifies that the undersigned is the officer of the Participant authorized by IC §5-13-9-11(c) to pay the funds of the Participant into the Pool and agrees to notify in writing the Administrator of the Pool designated by the Treasurer if such officer shall change.

TrustINDiana not a bank. An investment in TrustINDiana is not insured or guaranteed by the Federal Deposit Insurance Corporation or any other government agency. Although TrustINDiana seeks to preserve the value of your investment at \$1.00 per share, it cannot guarantee it will do so. Please read the applicable TrustINDiana Information Statements carefully before making an investment decision. Many factors affect performance including changes in market conditions and interest rates and in response to other economic, political, or financial developments. Investment involves risk including the possible loss of principal. No assurance can be given that the performance objectives of a given strategy will be achieved. Past performance is no guarantee of future results. **Any financial and/or investment decision may incur losses.**

Participant Execution Date: __/__/____

Signature : _____

Print Name: _____

Title: _____



TrustINDiana Registration

Entity Information

Entity Name (Participant) _____

Entity Type: City/Town County School District Special District
Other (Specify) _____

Mailing Address _____

City _____ Zip _____ County _____

Physical Address (if different than above) _____

City _____ Zip _____ County _____

Tax ID _____ Fiscal Year End Date (Month/Day) _____

I authorize TrustINDiana and its transfer agent and administrator to act on any instructions believed to be genuine for any service authorized on this form. I agree that TrustINDiana, its transfer agent, and administrator, Public Trust Advisors LLC, and their respective officers, directors, affiliates, representatives, employees and agents (each an "Indemnified Party") will not be liable for any losses, claims, expenses and liabilities (collectively, the "Losses") that result from accepting such instructions, and I agree to indemnify and hold harmless each Indemnified Party from and against any and all Losses arising from or resulting from such reliance on, or acceptance of, such instructions. Withdrawal proceeds can be sent only to the bank(s) indicated below unless changed by written instructions. Each local government is responsible for notifying the Trust of any changes to its account(s).

Wires will be distributed every hour with the final distribution ending at 2:00 p.m. ET; distribution times are subject to change as needed by the TrustINDiana Administrator. Additionally, TrustINDiana must be notified of any contributions by 2:00 p.m. ET to receive same day credit. **If funds are not received by 5:00 p.m. ET, contribution orders will be voided.**

Banking Information

Bank Name _____ Bank Routing Number (ABA) _____

Account Title _____ Account Number _____

Bank Contact* _____ Contact's Phone Number _____

Wire ACH Both

Additional Banking Information (Optional)

Bank Name _____ Bank Routing Number (ABA) _____

Account Title _____ Account Number _____

Bank Contact* _____ Contact's Phone Number _____

Wire ACH Both

*If there will only be one Authorized Signer on the TrustINDiana account, bank contact must be provided to verify bank account information



Authorized Contacts

Authorized Signers Can	Read-Only Users Can
Approve changes to the Investor Profile Update banking/contact information Process transactions Receive account updates	Receive account updates Request "view-only" access to monthly statements and transaction confirmations

Key Contact and Authorized Signer

Print First and Last Name

Title

Signature Required

Phone (Required)

Email (Required)

Fax

Additional Contact (Optional) Note – TrustINDiana strongly advises each participant to have multiple authorized signers to help prevent fraud

Print First and Last Name

Title

*(Signature Required if Authorized Signer)

Phone (Required)

Email (Required)

Fax

Permissions (check only one)

Authorized Signer to Move Funds*

Read-Only Access

Additional Contact (Optional)

Print First and Last Name

Title

*(Signature Required if Authorized Signer)

Phone (Required)

Email (Required)

Fax

Permissions (check only one)

Authorized Signer to Move Funds*

Read-Only Access



Authorized Contacts (cont.)

Additional Contact (Optional)

Print First and Last Name

***(Signature Required if Authorized Signer)**

Email (Required)

Title

Phone (Required)

Fax

Permissions (check only one)

Authorized Signer to Move Funds*

Read-Only Access

Additional Contact (Optional)

Print First and Last Name

***(Signature Required if Authorized Signer)**

Email (Required)

Title

Phone (Required)

Fax

Permissions (check only one)

Authorized Signer to Move Funds*

Read-Only Access

Additional Contact (Optional)

Print First and Last Name

***(Signature Required if Authorized Signer)**

Email (Required)

Title

Phone (Required)

Fax

Permissions (check only one)

Authorized Signer to Move Funds*

Read-Only Access



Accounts to be Established

Name of Public Entity: _____

Desired Subaccount Name(s)* i.e. General Fund, etc.:

(To be completed by Participant, **at least one Subaccount is required**)

*Name must be limited to 35 characters.

Once your TrustIndiana account has been established, you will receive a confirmation email with your login credentials from no-reply@trustindiana.in.gov. If you do not receive your login credentials within 48 business hours of submission, please first check your junk or spam folder before calling the TrustIndiana Client Service team.

Account(s) authorized by:

_____ Name/Signature	_____ Title	_____ Date
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Dual Authorization Form

Entity Name: _____

Please utilize this form to request dual authorization capabilities on your TrustIndiana account. Dual authorization ensures that any transaction entered via the TrustIndiana online transaction portal requires approval from a second Authorized Signer in order to be processed (internal transfers between subaccounts do not require dual authorization). **Note:** All Authorized Signers listed on the account can enter transactions and approve them (not just the users below).

Request to Add Dual Authorization

Dual authorization is hereby approved for _____ by the Authorized Signer below. By approving dual authorization, the Authorized Signer acknowledges transactions not approved by the 2:00 p.m. ET cutoff will not be processed. Please ensure transactions are entered in a timely manner and that other authorized signers are available to approve the transactions for processing

Authorized Signer's Signature

Date

Printed Name

Title