

Instructions: Use this application to open an Account with PLGIT. If this is your Entity's first Account in PLGIT, you must include a completed **PLGIT New Investor Application** for this form to be processed. Submit this form through Connect, or fax or mail this form to the fax number or address at the bottom of the page 2. The new Account will be opened and available to receive deposits after all completed documentation and signatures have been reviewed and accepted.

PLGIT ACCOUNT #: _____
(Trust Use Only)

INVESTOR INFORMATION: (Please complete all fields in this section.)

Investor Name: _____ **TIN:** _____
(Name that appears on Trust records) (Taxpayer Identification Number)

Account Title: _____
(New Account name to display on Trust records and Statements)

Is this account being set up for bond proceeds? Yes No

Pay dividends by reinvestment in: This Account Other PLGIT Account: _____
(Account Number or Account Name)

INVESTMENT OPTIONS: (Please select the investment option(s) that your Entity may invest in.)

As a Contact authorized to make investment decisions for the Entity listed above, I certify that the selected investments below are permitted investments for the funds to be invested.

PLGIT-Class **PLGIT/Reserve-Class** **PLGIT/PRIME** **PLGIT/TERM**

Note: I hereby acknowledge that the investment option(s) selected above should be added to the pre-established Account listed in the Investor Information section. Any Contact(s), their permission(s), and the banking instructions on record with this Account should not be altered in any way. _____ (Initial only if you are adding an investment option to a pre-established Account.)

SERVICES: (Please select the services that your Entity is interested in. A representative from the Client Services Group will contact you to discuss.)

ACH Purchase/Redemption **Wire Purchase/Redemption** **PLGIT Checking** **PLGIT – CD Purchase Program**

Note: If a wire/ACH banking instruction is not established for this Account and the monies invested must be distributed to the Entity listed above, the Trust reserves the right to distribute this Account's balance and any accrued dividend via check. Should such an event occur, the check will be sent to the Investor's address on record.

CONTACT PERMISSIONS: (Please complete the information below to add each Contact's permissions for this Account.)

1.	CONTACT INFORMATION: (Contact must be previously established with the Trust.)	CONTACT PERMISSIONS: (Please select all permissions that apply.)
	<p>Contact Name: _____ First and Last Name (Print)</p> <p>Mailing Address: _____ Agency Name (If Applicable)</p> <p>Address _____ City _____ State _____ Zip _____</p>	<p>For the new Trust Account being established, this Contact may:</p> <ul style="list-style-type: none"> View Account information. Initiate transactions. Open and close Accounts. Change banking instructions and Account information. Assign permissions to and establish other Contacts. Check verifier (refer to Certification.) Receive electronic statements. Receive paper statements. <p>*Contact must be on record. All new Contacts must complete a Contact Record form.</p>
	<p>Contact Name: _____ First and Last Name (Print)</p> <p>Mailing Address: _____ Agency Name (If Applicable)</p> <p>Address _____ City _____ State _____ Zip _____</p>	<p>For the new Trust Account being established, this Contact may:</p> <ul style="list-style-type: none"> View Account information. Initiate transactions. Open and close Accounts. Change banking instructions and Account information. Assign permissions to and establish other Contacts. Check verifier (refer to Certification.) Receive electronic statements. Receive paper statements. <p>*Contact must be on record. All new Contacts must complete a Contact Record form.</p>
	<p>Contact Name: _____ First and Last Name (Print)</p> <p>Mailing Address: _____ Agency Name (If Applicable)</p> <p>Address _____ City _____ State _____ Zip _____</p>	<p>For the new Trust Account being established, this Contact may:</p> <ul style="list-style-type: none"> View Account information. Initiate transactions. Open and close Accounts. Change banking instructions and Account information. Assign permissions to and establish other Contacts. Check verifier (refer to Certification.) Receive electronic statements. Receive paper statements. <p>*Contact must be on record. All new Contacts must complete a Contact Record form.</p>

(New Account name to display on Trust records and Statements)

(Taxpayer Identification Number)

4. CONTACT INFORMATION: (Contact must be previously established with the Trust.)

CONTACT PERMISSIONS: (Please select all permissions that apply.)

Contact Name: _____
First and Last Name (Print)

Mailing Address: _____
Agency Name (If Applicable)

Address

City State Zip

For the new Trust Account being established, this Contact may:

- View Account information.
- Initiate transactions.
- Open and close Accounts.
- Change banking instructions and Account information.
- Assign permissions to and establish other Contacts.
- Check verifier (refer to Certification.)
- Receive electronic statements.
- Receive paper statements.

*Contact must be on record. *All new Contacts must complete a Contact Record form.*

5. CONTACT INFORMATION: (Contact must be previously established with the Trust.)

CONTACT PERMISSIONS: (Please select all permissions that apply.)

Contact Name: _____
First and Last Name (Print)

Mailing Address: _____
Agency Name (If Applicable)

Address

City State Zip

For the new Trust Account being established, this Contact may:

- View Account information.
- Initiate transactions.
- Open and close Accounts.
- Change banking instructions and Account information.
- Assign permissions to and establish other Contacts.
- Check verifier (refer to Certification.)
- Receive electronic statements.
- Receive paper statements.

*Contact must be on record. *All new Contacts must complete a Contact Record form.*

OPTIONAL DOCUMENTATION: (In addition to this form, the following documents are optional.)

- **Contact Record** (New Contacts Only)
- **ACH Setup Instructions**
- **Wire Setup Instructions**

CERTIFICATION & SIGNATURE: (Please have a Contact per Trust records who is authorized to open new Accounts sign below.)

The Contact signing below has full authorization to open Accounts on behalf of the Investor listed above and should meet one the following criteria:

- For a current Investor, this section must be signed by a Contact who is currently authorized to open Accounts per Trust records; or
- For a new Investor, this section must be signed by the Contact who signed the certification section of the New Investor Application.

The Trust reserves the right to request proof of authority in the form of election certification, board minutes, resolutions, fiduciary trusts agreement, etc. when opening Accounts and assigning permissions with the Trust. It is the sole responsibility of the Investor to promptly notify PLGIT of any changes to authorized Contacts.

I acknowledge that: (1) the Investor is responsible for designating check verifiers and reviewing checks presented against the account in accordance with the terms and conditions contained in the Pennsylvania Local Government Investment Trust Information Statement as well as any additional updates that may occur; (2) the Investor shall notify PLGIT Client Services of any checks that should not be paid by 12pm on the business day following the presentment of checks; (3) no action taken by the Investor by 12pm on the business day following the presentment of checks shall be understood as an affirmation that the checks presented should be paid; (4) in the event the Investor fails to review presented checks and payment occurs, the Investor will be responsible for any loss of funds.

Print or Type Name of Authorized Signatory

Title/Position

Authorized Signature

Date

TRUST USE ONLY: (Please fax or mail this document to the Client Services Group for their signature below.)

PLGIT Representative Signature

Date

Principal Approval Signature

Date

Any document containing sensitive information received by email will not be accepted. Please send by uploading through Connect, fax, or mail.

SEND VIA CONNECT: Log in to Account Access
Existing Connect Click ☒ Secure Contact
Users Only Select file to upload - Send message

FAX TO: PLGIT Client Services Group
1-800-252-9551

MAIL TO: PLGIT Client Services Group
P.O. Box 11760
Harrisburg, PA 17108-1760

TRUST USE ONLY

V2022.05	INITIALS
Processed	
Confirmed	

(New Account name to display on Trust records and Statements)

(Taxpayer Identification Number)

Instructions: Complete this form to add additional Contact's permissions for this Account. If this addendum is needed, it must accompany the Account Application.

	CONTACT INFORMATION: <i>(Contact must be previously established with the Trust.)</i>	CONTACT PERMISSIONS: <i>(Please select all permissions that apply.)</i>
6.	<p>Contact Name: _____ First and Last Name (Print)</p> <p>Mailing Address: _____ Agency Name (If Applicable)</p> <p>_____ Address</p> <p>_____ City State Zip</p>	<p>For the new Trust Account being established, this Contact may:</p> <ul style="list-style-type: none"> View Account information. Initiate transactions. Open and close Accounts. Change banking instructions and Account information. Assign permissions to and establish other Contacts. Check verifier (refer to Certification.) Receive electronic statements. Receive paper statements. <p><i>*Contact must be on record. All new Contacts must complete a Contact Record form.</i></p>
7.	<p>Contact Name: _____ First and Last Name (Print)</p> <p>Mailing Address: _____ Agency Name (If Applicable)</p> <p>_____ Address</p> <p>_____ City State Zip</p>	<p>For the new Trust Account being established, this Contact may:</p> <ul style="list-style-type: none"> View Account information. Initiate transactions. Open and close Accounts. Change banking instructions and Account information. Assign permissions to and establish other Contacts. Check verifier (refer to Certification.) Receive electronic statements. Receive paper statements. <p><i>*Contact must be on record. All new Contacts must complete a Contact Record form.</i></p>
8.	<p>Contact Name: _____ First and Last Name (Print)</p> <p>Mailing Address: _____ Agency Name (If Applicable)</p> <p>_____ Address</p> <p>_____ City State Zip</p>	<p>For the new Trust Account being established, this Contact may:</p> <ul style="list-style-type: none"> View Account information. Initiate transactions. Open and close Accounts. Change banking instructions and Account information. Assign permissions to and establish other Contacts. Check verifier (refer to Certification.) Receive electronic statements. Receive paper statements. <p><i>*Contact must be on record. All new Contacts must complete a Contact Record form.</i></p>
9.	<p>Contact Name: _____ First and Last Name (Print)</p> <p>Mailing Address: _____ Agency Name (If Applicable)</p> <p>_____ Address</p> <p>_____ City State Zip</p>	<p>For the new Trust Account being established, this Contact may:</p> <ul style="list-style-type: none"> View Account information. Initiate transactions. Open and close Accounts. Change banking instructions and Account information. Assign permissions to and establish other Contacts. Check verifier (refer to Certification.) Receive electronic statements. Receive paper statements. <p><i>*Contact must be on record. All new Contacts must complete a Contact Record form.</i></p>
10.	<p>Contact Name: _____ First and Last Name (Print)</p> <p>Mailing Address: _____ Agency Name (If Applicable)</p> <p>_____ Address</p> <p>_____ City State Zip</p>	<p>For the new Trust Account being established, this Contact may:</p> <ul style="list-style-type: none"> View Account information. Initiate transactions. Open and close Accounts. Change banking instructions and Account information. Assign permissions to and establish other Contacts. Check verifier (refer to Certification.) Receive electronic statements. Receive paper statements. <p><i>*Contact must be on record. All new Contacts must complete a Contact Record form.</i></p>

Any document containing sensitive information received by email will not be accepted. Please send by uploading through Connect, fax, or mail.

SEND VIA CONNECT: Log in to Account Access
Existing Connect Click ☒ Secure Contact
Users Only Select file to upload - Send message

FAX TO: PLGIT Client Services Group
1-800-252-9551

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