

PLGIT ACCOUNT #:

Pennsylvania Local Government Investment Trust

Questions? Call 1-800-572-1472

<u>Instructions</u>: 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.

						(Trust Use Only)		
INVESTOR INFORMATION: (Please complete all fields in this section.)								
Investor Name:					TIN:			
		(Name th	at appears on Trust r	ecords)		(Taxpayer Identification Number)		
Account Title:			/21					
			•	display on Trust records and State	ments)			
Is this account bein	ig set up for bond proc	eeds?	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.)								
				-		ow are permitted investments for the funds to be invested.		
PLGIT-Class	-	serve-Class	PLGIT/PRIN		PLGIT/TERM	he Investor Information section. Any Contact(s), their permission(s),		
	-				•	lding an investment option to a pre-established Account.)		
SERVICES: (Please s	elect the services that y	your Entity is int	erested in. A repre	esentative	e from the Client Services Group	o will contact you to discuss.)		
ACH Purchase	e/Redemption	Wire Pur	chase/Redemptio	n	PLGIT Checking	PLGIT – CD Purchase Program		
Note: If a wire/ACH I	banking instruction is not	established for th	is Account and the m	nonies inve	sted must be distributed to the Ent	tity listed above, the Trust reserves the right to distribute this		
	-	-			heck will be sent to the Investor's a	•		
CONTACT PERMIS	SSIONS: (Please comp	olete the inform	ation below to add	l each Cor	ntact's permissions for this Acco	ount.)		
1. CONTACT	INFORMATION: (Contact m	ust be previously esta	blished with the Trust.)		CONTACT PERM	AISSIONS: (Please select all permissions that apply.)		
Contact Name:					For the new Trust Accour View Account inf	nt being established, this Contact may:		
	First and Last Name (Print)				Initiate transaction			
Mailing Address:	Agency Name (If Applicable				Open and close A	Accounts. instructions and Account information.		
	Agency Name (II Applicable)					ns to and establish other Contacts.		
	Address				Check verifier (re Receive electron	efer to Certification.)		
					Receive paper st			
	City	Sta	te Zip		*Contact must be on record.	All new Contacts must complete a Contact Record form.		
2. CONTACT	INFORMATION: (Contact m	ust be previously esta	blished with the Trust.)		CONTACT PERM	AISSIONS: (Please select all permissions that apply.)		
Contact Name:						nt being established, this Contact may:		
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Mailing Address:	-				Open and close A			
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	Address				Check verifier (re Receive electron	efer to Certification.)		
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	City	Sta	te Zip		*Contact must be on record.	All new Contacts must complete a Contact Record form.		
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Contact Name:	:					nt being established, this Contact may:		
	First and Last Name (Print)				View Account inf Initiate transacti			
Mailing Address:	•				Open and close A			
	Agency Name (If Applicable)				instructions and Account information. ns to and establish other Contacts.		
	Address				Check verifier (re	efer to Certification.)		
					Receive electron Receive paper st			
	City	Sta	te Zip			All new Contacts must complete a Contact Record form.		





Select file to upload - Send message

Users Only

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CONTACT IN					(Taxpayer Identification Number		
	IFORMATION: (Contact must be pre	eviously established w	rith the Trust.)	CONTACT PERMISSIONS: (PI	ease select all permissions that apply.)		
Contact Name:				For the new Trust Account being est	ablished, this Contact may:		
Mailing Address:	First and Last Name (Print)			View Account information.			
				Initiate transactions. Open and close Accounts.			
	Agency Name (If Applicable)			Change banking instruction			
				Assign permissions to and establish other Contacts. Check verifier (refer to Certification.)			
	Address			Receive electronic statemer	•		
	City	State	Zip	Receive paper statements. *Contact must be on record. All new Contact	tacts must complete a Contact Record forn		
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Mailing Address:	Agency Name (If Applicable)			Open and close Accounts. Change banking instructions	s and Account information		
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	Address			Check verifier (refer to Cert	-		
				Receive electronic statemer Receive paper statements.	nts.		
	City	State	Zip		tacts must complete a Contact Record form		
he Contact signing	below has full authorization t	to open Account	ts on behalf of the Ir	nvestor listed above and should meet one to not not not not not not not not not not	the following criteria:		
• For a curren • For a new In he Trust reserves th ccounts and assigni acknowledge that: onditions contained hall notify PLGIT Clinestor by 12pm or	t Investor, this section must vestor, this section must vestor, this section must be a ne right to request proof of a ing permissions with the Trus (1) the Investor is responsibed in the Pennsylvania Local Colent Services of any checks to the business day following	to open Account be signed by a C signed by the Co uthority in the f st. It is the sole r ole for designati Government Inv hat should not I the presentment	ts on behalf of the Ir contact who is curre ontact who signed the orm of election cert responsibility of the ang check verifiers are restment Trust Inforce paid by 12pm on ont of checks shall be	nvestor listed above and should meet one to ntly authorized to open Accounts per Trust are certification section of the New Investor ification, board minutes, resolutions, fiduc Investor to promptly notify PLGIT of any characteristic of the are reviewing checks presented against the mation Statement as well as any addition the business day following the presented and understood as an affirmation that the characteristics.	the following criteria: records; or Application. iary trusts agreement, etc. when opening anges to authorized Contacts. account in accordance with the terms al updates that may occur; (2) the Invested of Checks; (3) no action taken by the ecks presented should be paid; (4) in the contacts.		
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Confirmed

Harrisburg, PA 17108-1760



SEND VIA CONNECT:

Existing Connect

Users Only

Log in to Account Access

Click ☑ Secure Contact

Select file to upload - Send message

Addendum to Account Application

Questions? Call 1-800-572-1472

			(New Acc	count name to display	on Trust records and Statements)	(Taxpayer Identification Number)
	tructions: Com plication.	plete this form to add ad	ditional Conta	ct's permissions	for this Account. If this addendum is nee	ded, it must accompany the Accoun
. <u> </u>		NFORMATION: (Contact must be pr	eviously established v	with the Trust.)	CONTACT PERMISSIONS: (Plea	se select all permissions that apply.)
	Contact Name:				For the new Trust Account being esta	blished, this Contact may:
	Contact Name:	First and Last Name (Print)			View Account information.	
	Mailing Address:	riist and tast Name (Finit)			Initiate transactions. Open and close Accounts.	
		Agency Name (If Applicable)			Change banking instructions	and Account information.
					Assign permissions to and est	
		Address			Check verifier (refer to Certifi Receive electronic statement	•
					Receive paper statements.	3.
		City	State	Zip	*Contact must be on record. All new Conta	cts must complete a Contact Record form.
	CONTACT II	NFORMATION: (Contact must be pr	reviously established v	with the Trust.)	CONTACT PERMISSIONS: (Plea	se select all permissions that apply.)
	Contact Name:				For the new Trust Account being esta	blished, this Contact may:
		First and Last Name (Print)			View Account information. Initiate transactions.	
	Mailing Address:				Open and close Accounts.	
		Agency Name (If Applicable)			Change banking instructions	
		Add			Assign permissions to and est Check verifier (refer to Certifi	
		Address			Receive electronic statement	•
		City	State	Zip	Receive paper statements. *Contact must be on record. All new Conta	ets must complete a Contact Record form
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		Address			Receive electronic statement	•
		City	State	Zip	Receive paper statements.	cts must complete a Contact Bosová form
		•		· ·	CONTACT MAST DE ON TECOTA. AN MEW CONTA	cts must complete a Contact Record form.

FAX TO:

PLGIT Client Services Group

1-800-252-9551

MAIL TO:

PLGIT Client Services Group

Harrisburg, PA 17108-1760

P.O. Box 11760

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Processed				
Confirmed				