

**Instructions:** Complete this application to become a new investor in GovMIC. This application must be included with all other required documentation and certifications in order to be accepted and processed by the GovMIC Client Services Group. Please fax or mail this completed application to your GovMIC Representative at the fax number or address listed at the bottom of this application.

**INVESTOR INFORMATION:** (All fields in this section must contain Investor information ONLY.)

<b>Investor Name:</b> _____ (Name to appear on Fund records)	<b>Phone #:</b> _____
<b>Legal Name:</b> _____ (Name as filed with the IRS, if different from above)	<b>Fax #:</b> _____
<b>Street Address:</b> _____ <b>Street Address</b> (A P.O. Box is not acceptable)	<b>Entity Type:</b> _____ (City, County, Special District, etc.)
_____ <b>City</b> _____ <b>State</b> _____ <b>Zip</b>	<b>Fiscal Year End:</b> _____ (Month and Day)
<b>Mailing Address:</b> _____ (If different from Street Address) <b>Mailing Address</b> (If different from Street Address)	
_____ <b>City</b> _____ <b>State</b> _____ <b>Zip</b>	

**TAX IDENTIFICATION NUMBER (TIN)**

**Note:** If the information required by this section is not provided, the current IRS Backup Withholding Rate of taxable dividends, capital gains and proceeds of redemptions and exchanges will be imposed under federal tax regulations.

**TIN:** \_\_\_\_\_ **Form of Organization:** \_\_\_\_\_  
(Taxpayer Identification Number) (e.g., 501(c)(3) organization, C corporation, limited liability company, etc.)

**Tax Status:** **I have not been notified by the IRS that I am currently subject to Backup Withholding.**  
**I am an exempt recipient.**  
**I am neither a citizen nor a resident of the United States.**

**INVESTOR CERTIFICATION:** (A representative of the Investor should read, complete, sign and date this section.)

- I. The undersigned certifies that the Entity named on this application adopted or enacted the attached Ordinance/Resolution at a duly convened meeting of the governing body of the Entity held on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and that such Ordinance/Resolution is in full force and effect on the date of this application, and that such Ordinance/Resolution has not been modified, amended or rescinded since its adoption or enactment.  
(Please attach the Ordinance/Resolution to this document.)
- II. The undersigned further certifies that the Entity has received a copy of the Fund's Information Statement and Declaration of Trust, and agrees that the Entity will be bound by the terms of such documents.
- III. Any checking account opened through the Fund is subject to the rules, regulations and procedures of the Depository.
- IV. Under penalty of perjury, the authorized Contact signing below certifies that the tax identification number provided for this entity is true, correct and complete.
- V. The information, authorizations, ordinances, resolutions and certifications set forth in or attached to this New Investor Application shall remain in full force and effect until the Fund receives written notification of change.

_____	_____
Authorized Signature	Date
_____	_____
Print or Type Name of Authorized Signatory	Title/Position

**REQUIRED DOCUMENTATION:** (Please include the following documents with this application.)

- W-9 (Name on W-9 must match IRS records)
- Resolution/Ordinance

**FUND USE ONLY:** (Please fax or mail this document to your GovMIC Representative for their signature below.)

_____	_____
GovMIC Representative Signature	Date

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

<b>SEND VIA CONNECT:</b> <i>Existing Connect Users Only</i>	Log in to Account Access Click <input checked="" type="checkbox"/> Secure Contact Select file to upload - Send message	<b>FAX TO:</b> GovMIC Client Services Group 1-888-535-0120	<b>MAIL TO:</b> GovMIC Client Services Group P.O. Box 11760 Harrisburg, PA 17108
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FUND USE ONLY	
V2022.10	INITIALS
Processed	
Confirmed	