



# Governmental Shareholder Account Application

**U.S. Mail:**  
TX-FIT  
PO BOX 9691  
TAMPA FL. 33674

For Questions or Assistance:  
Please Call: 888-909-9998 or visit our website at [www.tx-fit.com](http://www.tx-fit.com)

This form must be completed and signed in order to establish an account with TX-FIT. If you have any questions regarding this application or how to invest, please call Client Advisory Services toll free at the above-referenced number. Thank you.

In compliance with the USA PATRIOT Act, all financial institutions are required to obtain, verify and record the following information for all registered owners or others who may be authorized to act on an account: full name, Tax ID or Employer Identification Number and permanent street address. Corporate, trusts and other entity accounts require additional documentation. This information will be used to verify your true identity. We will return your application if any of this information is missing, and we may request additional information from you for verifications purposes. In the rare event that we are unable to verify your identity, TX-FIT reserves the right to redeem your account at the current day's net asset value.

## INVESTMENT INFORMATION

Please make wire payable to "TX-FIT" per published wire instructions. Please indicate in which pool you are interested.

**Government Pool**

**Cash Pool**

**All Pools**

## ACCOUNT INFORMATION

Name of Entity (Participant): \_\_\_\_\_

Address: \_\_\_\_\_

EIN: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

County of Tax Residency: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Authorized Trader(s):

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Signature: \_\_\_\_\_

Authorized traders will have an online account created which will allow them to make trades for both purchase and redemption.

## BANK INFORMATION

All Dividends are reinvested unless otherwise instructed by the participant. Please indicate to which account you would like your redemption transactions directed below.

Name of Bank: \_\_\_\_\_

ABA Number: \_\_\_\_\_

Registration of Account: \_\_\_\_\_

Account Number: \_\_\_\_\_

Checking or Savings

Bank Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL ACCOUNTS (optional)**

If the EIN, Authorized Traders, and Bank Information will be the same as above, you may elect to open subaccounts. By filling in this section, you certify that the account(s) below will have the same wire instructions and authorized traders as above. Otherwise, please submit additional documentation.

Account Title: \_\_\_\_\_

Account Title: \_\_\_\_\_

Account Title: \_\_\_\_\_

Account Title: \_\_\_\_\_

**ADDITIONAL AUTHORIZED PERSONNEL (optional)**

Please provide online portal access to the parties below: (If needed, attach additional names, email addresses, and signatures in a separate document.)

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Signature: \_\_\_\_\_

Authorized Trader View Only Access

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Signature: \_\_\_\_\_

Authorized Trader View Only Access

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Signature: \_\_\_\_\_

Authorized Trader View Only Access

**AUTHORIZED SIGNATURE**

The local government or state agency ("Participant") seeks to participate in the public funds investment pool under the Texas Public Funds Investment Act (the "Investment Pools"), which provides for the creation of a public funds investment pool to which any Participant may delegate the investment of local or state funds. Participant accepts the terms and conditions of the administration of the Investment Pools as outlined in the Investment Pools' investment policy, information statement, and participation agreement. Participant understands that any changes to these documents will not be effective without prior written notice to Participant. The undersigned certifies that he or she is authorized by Participant's governing body or by statutory authority to execute this Application on behalf of Participant.

TX-FIT, its transfer agent, and any of their respective agents or affiliates will not be responsible for banking system delays beyond their control. By completing the banking sections of this application, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank NA, on behalf of the applicable Fund. TX-FIT, its transfer agent, and any of their respective agents or affiliates will not be liable for acting upon instructions believed to be genuine and in accordance with the procedures described in the prospectus or the rules of the Automated Clearing House. When AIP or Telephone Purchase transactions are presented, sufficient funds must be in my account to pay them. I agree that my bank's treatment and rights to respect each entry shall be the same as if it were signed by me personally. I agree that if any such entries are not honored with good or sufficient cause, my bank shall be under no liability whatsoever. I further agree that any such authorization, unless previously terminated by my bank in writing, is to remain in effect until TX-FIT's transfer agent receives and has had reasonable amount of time to act upon a written notice of revocation.

**Under penalty of perjury, I certify that (1) the Taxpayer Identification Number or Employer Identification Number shown on this form is my correct Taxpayer Identification Number or Employer Identification Number, and (2) I am not subject to backup withholding as a result of either being exempt from backup withholding, not being notified by the IRS of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding, (3) I am a U.S. person (including a U.S. resident alien), and (4) I am exempt from FATCA reporting. (Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding due to a failure to report all interest and dividends.)**

**The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

Signature (Owner, Trustee, Etc.) \_\_\_\_\_

Taxpayer ID Number/EIN: \_\_\_\_\_

Date: \_\_\_\_\_