



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

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: _____

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: _____



Participation Certificate

The undersigned (the “Local Government”) has decided to purchase shares in public funds investment pools (collectively, “Texas FIT”) of U.S. Fixed Income Trust (the “Trust”). The Local Government understands that the Trust created Texas FIT under Texas’ Public Funds Investment Act, under Article II of the Agreement and Declaration of Trust, which is incorporated by reference into this certificate. By executing this certificate, the Local Government confirms that it has received and reviewed a copy of the Agreement (for review at <https://tx-fit.com/download/1418/>) and Declaration of Trust (for review at <https://tx-fit.com/download/1437/>).

The Local Government agrees to the terms of the Trust’s Participation Agreement between the Participants and the Trust (the “Agreement”), which is also incorporated by reference into this certificate. By executing this Participation Certificate, the undersigned agrees that, upon the execution of this certificate by the Program Administrator, the Participant will become subject to the same obligations and rights as if it had executed the Agreement. The Local Government confirms that it has received and reviewed a copy of the Agreement.

The Local Government hereby certifies that _____ (the Investment Officer) is its duly designated Representative as required by the Agreement. The Local Government hereby certifies that its governing body has taken all actions required by Section 2256.016 of the Public Funds Investment Act, for it to participate in the Trust created by the Agreement. Further, the Local Government hereby confirms that it will complete all necessary documents, such as account applications, to establish an account with the Trust and Texas FIT.

Local Government Name: _____

Signature of authorized representative

Title: _____

Date: _____

Accepted by Administrator (to be completed by Texas FIT):

Signature of Program Administrator

Title: _____

Date: _____

Resolution Authorizing Participation in the U.S. Fixed Income Trust Investment Pools and Designating Authorized Representatives

WHEREAS, the Public Funds Investment Act (the “Act”) provides for the creation of public funds investment pools to which any local government or state agency of the State of Texas may delegate, by contract, the authority to hold legal title as custodian and to make investments purchased with local funds;

WHEREAS, the U.S. Fixed Income Trust (“US FIT”) and its Texas public funds investment pools (“Texas FIT” or “TX-FIT”) were created under the Act to meet the investment objectives of preservation and safety of principal, liquidity, and yield consistent with the Act (the “investment objective”);

WHEREAS, Participant is a local government or state agency of the State of Texas, is permitted to invest local funds under the Act, and has determined that investing in Texas FIT is in the Participant’s best interest; and

WHEREAS, Participant has delegated its authority to certain authorized representatives to enter into an agreement with public funds investments pools created under the Act for the investment of local funds;

NOW, THEREFORE, be it resolved that:

- A. Participant shall enter into a Participation Agreement to establish an account in its name in US FIT or one of its pools, for transmitting local funds for investment in US FIT.
- B. The individuals, whose signatures appear in this Resolution, are authorized representatives of Participant and are each authorized to transmit funds for investment in US FIT and further authorized to withdraw funds from time to time, issue letters of instruction to the pools and their service providers, and complete any documentation related and to take all other actions deemed necessary or appropriate for the investment of local funds.

Authorized Representatives

The Authorized Representatives provided below will have primary responsibility for performing transactions and receiving confirmations and monthly statements under the Participation Agreement.

Authorized Representative		Authorized Representative	
By:	_____	By:	_____
Name:		Name:	
Title:		Title:	
Phone:		Phone:	
Fax:		Fax:	
Email:		Email:	

C. This resolution and its authorization shall continue in full force and effect until amended or revoked by the Participant and US FIT receives a copy of any such amendment or revocation.

This resolution is introduced and adopted by the Participant at its regular/special meeting held on the day of _____, 20__.

Document must be signed by your Board President, Mayor, or County Judge and attested by your Board Secretary, City Secretary, or County Clerk.

Participant		Attest	
By:	_____	By:	_____
Name:		Name:	
Title:		Title:	
Date:		Date:	