



New Participant/Investor Application

Questions? Call 1-877-495-8246

Instructions: Complete this application to become a new Participant/Investor in FL PALM. This application must be included with all other required documentation and certifications in order to be accepted and processed by FL PALM. Submit this form through Connect, or fax or mail this form to the fax number or address at the bottom of the page.

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

<p>Participant/Investor Name: _____ <small>(Name to appear on Fund records)</small></p> <p>Legal Name: _____ <small>(Name as filed with the IRS, if different from above)</small></p> <p>Street Address: _____ <small>Street Address (A P.O. Box is not acceptable)</small></p> <p>_____ <small>City State Zip</small></p> <p>Mailing Address: _____ <small>Mailing Address (If different from Street Address)</small></p> <p>_____ <small>City State Zip</small></p>	<p>TIN : _____ <small>(Taxpayer Identification Number)</small></p> <p>Phone #: _____</p> <p>Fax #: _____</p> <p>Entity Type: _____ <small>(City, County, School District, etc.)</small></p> <p>Fiscal Year End: _____ <small>(Month and Day)</small></p> <p>Contact Name: _____</p>
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PARTICIPANT/INVESTOR CERTIFICATION: *(A Representative of the Participant/Investor should read, complete, sign and date this section.)*

I. FOR PARTICIPANTS ONLY:

- a. The undersigned represents and warrants that he/she has the full power and authority to make investments on behalf of the Participant listed above.
- b. The undersigned certifies that the Public Agency named on this application has completed the Signatory Public Agency Addendum on the _____ day of _____, 20____, and that such Addendum is in full force and effect on the date of this application, and that such Addendum has not been modified, amended or rescinded since its adoption or enactment. *(Please attach the Signatory Public Agency Addendum to this document.)*
- c. The undersigned further certifies that the Public Agency has received a copy of the FL PALM Information Statement and Trust Agreement and agrees that the Public Agency will be bound by the terms of such documents.

II. FOR INVESTORS ONLY:

- a. The undersigned represents and warrants that he/she has the full power and authority to make investment decisions, pursuant to the current Investment Policy on behalf of the _____ *(County, City, School District, Special District).*
- b. The undersigned attests that this information is true and correct and an authorized Investment Policy is dated _____ for _____ *(Investor Name)* is attached.
- c. The undersigned further certifies that the Public Agency has received a copy of the FL PALM Information Statement and Declaration of Trust and agrees that the Public Agency will be bound by the terms of such documents.

III. The Fund may treat the information, authorizations, ordinances, resolutions, and certifications set forth in or attached to this New Participant/Investor Application as remaining in full force and effect until the Program 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)
- Signatory Public Agency Addendum (Participants Only)
- Investment Policy (Investors Only)

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

FL PALM Account Representative Signature	Date
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Any document containing sensitive information received by email will not be accepted. Please send by uploading through Connect, fax, or mail.

SEND VIA CONNECT:	FAX TO:	MAIL TO:
Log in to Account Access	FL PALM Client Services Group	FL PALM Client Services Group
<i>Existing Connect</i> Click <input checked="" type="checkbox"/> Secure Contact	1-800-252-9551	P.O. Box 11813
<i>Users Only</i> Select file to upload - Send message		Harrisburg, PA 17108

FUND USE ONLY	
V2022.03	INITIALS
Processed	
Confirmed	