

Short Term Fund Participant Application

(Please complete separate applications for each new account)



Return the following forms for each account:

Custodial Agreement (pg. 17)

Participant Application (pg. 20)

Direct Deposit Authorization (*optional*) (pg. 22)

Name of Investor/Investing Organization: _____ (“Participant”)

Mailing Address: _____

Phone: _____ **Fax:** _____ **Email:** _____

Primary Contact Person: _____ **Phone:** _____ **Email:** _____

Secondary Contact Person: _____ **Phone:** _____ **Email:** _____

Total Amount of Investment: \$ _____

Preferred Account Title: _____

NOTES: _____

Reinvest *or* Distribute Interest earned

If Distributing interest choose one: Direct Deposit (include completed Direct Deposit Authorization form)

Check

Transfer to Foundation account #: _____

Email statements to: _____

if not applicable, we will mail to address above

1. The number of signature(s) required to withdraw funds from the account named above:

One Two Three Other: _____

2. Certification: (The certifier signing below cannot be an authorized signer)

I hereby certify that the person or persons listed below are authorized by the Administrative Council/Board, Trustees or Board of Directors to withdraw funds from the account named above.

Signature	Type or Print Name	Type or Print Position
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Authorized Signatures:

Signature	Type or Print Name	Type or Print Position
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Signature	Type or Print Name	Type or Print Position
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Signature	Type or Print Name	Type or Print Position
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Signature	Type or Print Name	Type or Print Position
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This application is subject to specified written notification requirement and conditions as set forth in Investment Custodial Agreement.