



NEW ACCOUNT APPLICATION FORM

SECTION A: NEW ACCOUNT INFORMATION

- Entity Name to Appear on Fund Records (common name): _____
1. Legal Entity Name as filed with the IRS (if different): _____
2. Address: _____ City, State, Zip: _____
3. Phone Number: _____
4. Federal Tax ID: _____
5. Is the new account for bond proceeds? Yes No
6. Which type of account? Daily Liquidity Fund Enhanced Cash Fund
7. Account Title (General, Water, etc.): _____

SECTION B: PRIMARY CONTACT DESIGNATION

8. Please designate the FL SAFE Primary Contact Person for your Entity:
- Name: _____ Title: _____
- Email: _____ Phone: _____ Fax: _____

SECTION C: PRIMARY CONTACT AUTHORITY / ACCOUNT SECURITY

9. The above-named primary contact will have the authority to:
- Certify the authorized personnel at the Entity, and specify FL SAFE Participant Portal access capabilities;
 - Transfer funds to/from FL SAFE, and to/from approved depository;
 - Add or delete the bank information (ACH/Wire) FL SAFE has on file for the Entity;
 - Sign up for State Aid Deposits;
 - Open, close, change and reactivate FL SAFE account Information;
 - Move money (make purchases, redemptions, transfers and fixed rate investments);
 - Access ALL FL SAFE sub-accounts for the entity; and
 - Act as primary contact person for all FL SAFE daily activity.

NOTE: To designate additional authorized personnel, please complete the Authorized Personnel Information form for each such authorized person.

10. FL SAFE Statements and Confirmations:
 The primary contact elects to retrieve electronic statements, confirmations and other communications via the FL SAFE Participant Portal
11. System Access: Access to the FL SAFE Participant Portal will automatically be granted to the primary contact.
12. Email Notification: Yes, send an email when online statements and confirmations are available.
 No, do not send an email when online statements and confirmations are available.

SECTION D: CERTIFICATIONS

- A) It is hereby certified that the Entity adopted the attached Resolution or Instrument of Adoption on the ___ day of _____, _____, and that such document has not been modified, amended or rescinded since its adoption. (Attach Resolution or Instrument of Adoption, as applicable).
- B) The information, authorizations, resolutions and certifications set forth in this New Account Application shall remain in full force and effect until the Fund receives written notification of change.

Signature of Authorized Official

Print Name

Entity Name

Date

SECTION E: INFORMATION STATEMENT AND DECLARATION OF TRUST

It is certified that the Entity has received a copy of the FL SAFE Information Statement and Indenture of Trust and agrees to be bound by the terms of said documents.

SECTION F: AUTHORIZATION

This section must be completed by the Authorized Official of the Entity. The authorizations set forth on this form shall remain in full force and effect until the Fund receives written notification of a change.

I hereby certify that I am authorized by the Entity to execute this Application Form for FL SAFE in accordance with the Indenture of Trust:

Authorized Signer: _____

Date: _____

Printed Name: _____

Phone: _____

Title: _____

Effective Date of Request: _____

FL SAFE: _____

By: _____

Date: _____