



## Account Registration Form

Office of the Treasurer of Indiana

The undersigned officer specified in IC §5-13-9-1 of a unit of government of the State of Indiana (the "Participant"), does hereby request that the Treasurer of the State of Indiana (the "Treasurer") establish an account for the benefit of the Participant within the local government investment pool (the "Pool") established pursuant to IC §5-13-9-11(b). By executing and delivering this Account Registration Form and the accompanying Data Form, the Participant agrees that the account so established will be subject to and bound by the policies established from time to time by the Treasurer pursuant to IC §5-13-9-11(g).

The undersigned hereby certifies that the undersigned is the officer of the Participant authorized by IC §5-13-9-11(c) to pay the funds of the Participant into the Pool and agrees to notify in writing the Administrator of the Pool designated by the Treasurer if such officer shall change.

Participant Execution Date: \_\_/\_\_/\_\_\_\_

By: \_\_\_\_\_

Name: \_\_\_\_\_

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

**Note:** All completed forms can be sent by email to [clientservices@trustindiana.in.gov](mailto:clientservices@trustindiana.in.gov) or by fax to 888-860-0963.

T 888-860-6242  
F 888-860-0963

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Local Government Name (Participant) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

County \_\_\_\_\_ Tax ID \_\_\_\_\_ Fiscal Year (Month/Day) \_\_\_\_\_

Entity Type:    City/Town    Special District    County    Other (Specify) \_\_\_\_\_

The Administrator is hereby authorized to honor any written, telephone, faxed or electronic request, believed to be authentic, for payment of funds from the Pool. The payment proceeds can be sent only to the commercial bank indicated below, unless changed by written instructions to the Administrator. Each local government is responsible for notifying the Administrator of any changes to its account.

Bank Name \_\_\_\_\_ Bank Routing Number (ABA) \_\_\_\_\_

Account Title \_\_\_\_\_ Account Number \_\_\_\_\_

Bank Contact \_\_\_\_\_ Contact's Phone Number \_\_\_\_\_

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## Key Contact

Mr. Ms. \_\_\_\_\_

Print First and Last Name

\_\_\_\_\_

Title

\_\_\_\_\_

Signature (\*required if Authorized Signer)

\_\_\_\_\_

Phone

\_\_\_\_\_

Email

\_\_\_\_\_

Fax

### Permissions (must check one)

Authorized Signer to Move Funds\*

Read Only Access

### Email Notifications

Monthly Statements

Transaction Confirmations

### Online Account

Online User Access

## Additional Contacts

Mr. Ms. \_\_\_\_\_

Print First and Last Name

\_\_\_\_\_

Title

\_\_\_\_\_

Signature (\*required if Authorized Signer)

\_\_\_\_\_

Phone

\_\_\_\_\_

Email

\_\_\_\_\_

Fax

### Permissions (must check one)

Authorized Signer to Move Funds\*

Read Only Access

### Email Notifications

Monthly Statements

Transaction Confirmations

### Online Account

Online User Access

Mr. Ms. \_\_\_\_\_

Print First and Last Name

\_\_\_\_\_

Title

\_\_\_\_\_

Signature (\*required if Authorized Signer)

\_\_\_\_\_

Phone

\_\_\_\_\_

Email

\_\_\_\_\_

Fax

### Permissions (must check one)

Authorized Signer to Move Funds\*

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## Accounts to be Established

Name of Public Entity: \_\_\_\_\_

Desired TrustINDiana Subaccount Name\*:  
(To be completed by Participant)

TrustINDiana Account Number  
(To be assigned by TrustINDiana)

_____	IN-02-_____

\*Name must be limited to 30 characters.

Account(s) authorized by:

_____	_____	____/____/____
Name/Signature	Title	Date

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