



## Registration Packet

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## Account Authorization

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: \_\_\_\_\_



## TrustINDiana Registration

### Entity Information

Entity Name (Participant) \_\_\_\_\_

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

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

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

Physical Address (if different than above) \_\_\_\_\_

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

Tax ID \_\_\_\_\_ Fiscal Year End Date (Month/Day) \_\_\_\_\_

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 only be sent 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.

Wires will be distributed every hour with the final distribution ending at 2:00 p.m. ET; distribution times are subject to change as needed by the TrustINDiana Administrator.

### Banking Information

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

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

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

Wire                    ACH                    Both

### Additional Banking Information (Optional)

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

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

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

Wire                    ACH                    Both

## Authorized Contacts

Authorized Signers Can	Read-Only Users Can
Approve changes to the Investor Profile Update banking/contact information Transfer funds Receive account updates	Receive account updates Request "view-only" access to monthly statements and transaction confirmations

### Key Contact and Authorized Signer

\_\_\_\_\_  
Print First and Last Name

\_\_\_\_\_  
Signature Required

\_\_\_\_\_  
Email

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

### Email Notifications (notice of report availability in the online portal)

- Monthly Statements
- Transaction Confirmations

### Additional Contact (Optional)

\_\_\_\_\_  
Print First and Last Name

\_\_\_\_\_  
**\*(Signature Required if Authorized Signer)\***

\_\_\_\_\_  
Email

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

### Permissions (check only one)

- Authorized Signer to Move Funds\*
- Read-Only Access

### Email Notifications (notice of report availability in the online portal)

- Monthly Statements
- Transaction Confirmations

### Additional Contact (Optional)

\_\_\_\_\_  
Print First and Last Name

\_\_\_\_\_  
**\*(Signature Required if Authorized Signer)\***

\_\_\_\_\_  
Email

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

### Permissions (check only one)

- Authorized Signer to Move Funds\*
- Read-Only Access

### Email Notifications (notice of report availability in the online portal)

- Monthly Statements
- Transaction Confirmations

## Authorized Contacts (cont.)

### Additional Contact (Optional)

Print First and Last Name

Title

**\*(Signature Required if Authorized Signer)**

Phone

Email

Fax

### Permissions (check only one)

- Authorized Signer to Move Funds\*
- Read-Only Access

### Email Notifications

- Monthly Statements
- Transaction Confirmations

### Additional Contact (Optional)

Print First and Last Name

Title

**\*(Signature Required if Authorized Signer)**

Phone

Email

Fax

### Permissions (check only one)

- Authorized Signer to Move Funds\*
- Read-Only Access

### Email Notifications

- Monthly Statements
- Transaction Confirmations

### Additional Contact (Optional)

Print First and Last Name

Title

**\*(Signature Required if Authorized Signer)**

Phone

Email

Fax

### Permissions (check only one)

- Authorized Signer to Move Funds\*
- Read-Only Access

### Email Notifications

- Monthly Statements
- Transaction Confirmations

## Accounts to be Established

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

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

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\*Name must be limited to 40 characters.

Once your TrustINDiana account has been established, you will receive a confirmation email with your login credentials from [no-reply@trustindiana.in.gov](mailto:no-reply@trustindiana.in.gov). If you do not receive your login credentials within 48 business hours of submission, please first check your junk or spam folder before calling the TrustINDiana Client Service team.

Account(s) authorized by:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Name/Signature Title Date