

Welcome to Michigan CLASS

We believe you have made a sound investment decision in choosing Michigan Cooperative Liquid Assets Securities System (Michigan CLASS). We look forward to being your trusted provider, and we are committed to making the investment process a positive experience.

This packet contains all the materials necessary to set up your Michigan CLASS account(s). If you have any questions about the registration process or about your Michigan CLASS account(s), please do not hesitate to contact us. The Michigan CLASS Client Service team can be reached any business day from 8:00 a.m. to 5:00 p.m. EST by phone at (855) 382-0496 or by email at clientservices@michiganclass.org.

Thank you for choosing Michigan CLASS!

Sincerely,

The Michigan CLASS Board of Trustees

Registration Procedures

To participate in Michigan CLASS, please complete the following:

1. Read the Participation Agreement (accessible on www.michiganclass.org)
2. Provide the Authorizing Resolution for participation in Michigan CLASS (please attach).
3. Adopt the Certificate of Delivery and Resolution (page 3).
4. Complete the Entity Registration (page 4).
5. Complete the Authorized Contacts Form (page 5/6).
6. Complete the Account to be Established Form; you may open as many account as you wish (page 7).
7. Keep the original forms for your records and send the completed packet to the Michigan CLASS Client Service team by fax (855) 381-0496 or email clientservices@michiganclass.org.

Please contact us with questions; we would love to hear from you:

Michigan CLASS Client Service Team
T (855) 382-0496
clientservices@michiganclass.org

Certificate of Delivery and Resolution

The attached Authorizing Resolution which has been duly adopted by _____(entity name) and certified by the Clerk thereto is hereby delivered to Public Trust Advisors, LLC (the Investment Advisor) to effectuate participation (in what is commonly known Michigan CLASS) in the Participant Agreement dated December 31, 2011, as amended.

Authorized Signer's Name

Signature

Title



Trust Registration

Entity Information

Entity Name (Participant) _____

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

Mailing Address _____

City _____ Zip _____ County _____

Tax ID _____ Fiscal Year (Month/Day) _____

Michigan CLASS is hereby authorized to honor any telephoned, faxed, or electronic request believed to be authentic for withdrawal of funds. The withdrawal proceeds can only be sent to the bank(s) indicated below unless changed by written instructions. Each entity is responsible for notifying Michigan CLASS of any changes to its account.

Banking Information

Bank Name _____ Bank Routing Number (ABA) _____

Account Title _____ Account Number _____

Bank Contact _____ Contact's Phone Number _____

Additional Banking Information (Optional)

Bank Name _____ Bank Routing Number (ABA) _____

Account Title _____ Account Number _____

Bank Contact _____ Contact's Phone Number _____

Authorized Contacts

Key Contact and Authorized Signer

Mr. Ms. _____ Print First and Last Name	_____ Title
_____ Signature Required	_____ Phone
_____ Email	_____ Fax

Email Notifications

Monthly Statements
Transaction Confirmations

Online Account

Online User Access

Additional Contact (Optional)

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 Contact (Optional)

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

Authorized Contacts (cont.)

Additional Contact (Optional)

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 Contact (Optional)

Mr. Ms. _____
Print First and Last Name Title _____

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