



# NEW ACCOUNT APPLICATION FORM

## SECTION A: NEW ACCOUNT INFORMATION

1. Entity Name to Appear on Fund Records (common name): \_\_\_\_\_
2. Legal Entity Name as filed with the IRS (if different): \_\_\_\_\_
3. Address: \_\_\_\_\_ County: \_\_\_\_\_
4. Phone Number: \_\_\_\_\_
5. Federal Tax ID: \_\_\_\_\_ 6. Is the new account for bond proceeds?  Yes  No
7. Account Title (General, Water, etc.): \_\_\_\_\_

## SECTION B: PRIMARY CONTACT DESIGNATION

8. Please designate the MNTrust Primary Contact person for your Entity:
- Name: \_\_\_\_\_ Title: \_\_\_\_\_
- Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
- Email: \_\_\_\_\_

## 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 the PMA GPS®\* access capabilities;
  - Transfer funds to/from MNTrust, and to/from approved depository;
  - Add or delete the bank information (ACH/Wire) MNTrust has on file for the Entity;
  - Sign up for State Aid Deposits;
  - Open, close, change and reactivate MNTrust account Information;
  - Move money (Make purchases, redemptions, transfers and fixed rate investments);
  - Access ALL MNTrust sub-accounts for the entity; and
  - Act as primary contact person for all MNTrust daily activity.
- NOTE: To designate additional authorized personnel, please complete the Authorized Personnel Information form for each such authorized person.  
\*The PMA Governmental Portfolio System ("PMA GPS®") is an online system that provides 24-hour access to your MNTrust account(s).
10. MNTrust Statements and Confirmations:
- The primary contact elects to retrieve electronic statements, confirmations and other communications via PMA GPS®,
- or MNTrust will mail monthly statements and confirmations to the primary contact at the above address.
11. System Access: Access to PMA GPS® will automatically be granted if the primary contact elects to receive electronic statements. A username and password will be sent via email.
- Request access to PMA GPS® if electronic statements are not elected.
- 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 at a duly convened meeting of the Directors of the Entity held on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, and that such resolution is in full force and effect on the date of this application, and that such resolution has not been modified, amended or rescinded since its adoption. (Attach Resolution)

**B)** It is hereby further certified that the Entity has received a copy of the MNTrust Fund's Information Statement and Declaration of Trust, and agrees to be bound by the terms of such documents.

**C)** 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 Designated in Resolution

\_\_\_\_\_  
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 MNTrust Information Statement 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 MNTrust in accordance with the Declaration of Trust:

Authorized Signer: \_\_\_\_\_

Date: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

Effective Date of Request: \_\_\_\_\_

PMA Authorization: \_\_\_\_\_

Portfolio Advisor: \_\_\_\_\_

Compliance: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**Send completed forms to your PMA representative or to [gps@pmanetwork.com](mailto:gps@pmanetwork.com)**