



# NEW ACCOUNT APPLICATION FORM

## SECTION A: NEW ACCOUNT INFORMATION

1. Legal Entity Name as filed with the IRS (if known): \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Phone Number: \_\_\_\_\_
4. Federal Tax ID: \_\_\_\_\_ 5. Is the new account for bond proceeds?  Yes  No
6. Account Title (General, Payroll, etc.): \_\_\_\_\_

## SECTION B: PRIMARY CONTACT DESIGNATION

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

## SECTION C: PRIMARY CONTACT AUTHORITY / ACCOUNT SECURITY

8. The above-named primary contact will have the authority to:
- Certify the authorized personnel at the Entity, and specify the PMA GPS<sup>®\*</sup> access capabilities;
  - Transfer funds to/from NPAIT, and to/from approved depository;
  - Add or delete the bank information (ACH/Wire) NPAIT has on file for the Entity;
  - Sign up for State Aid Deposits;
  - Open, close, change and reactivate NPAIT account Information;
  - Move money (Make purchases, redemptions, transfers and fixed rate investments);
  - Access ALL NPAIT sub-accounts for the entity; and
  - Act as primary contact person for all NPAIT 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<sup>®</sup>") is an online system that provides 24-hour access to your NPAIT account(s).

9. NPAIT Statements and Confirmations:
- The primary contact elects to retrieve electronic statements, confirmations and other communications via PMA GPS<sup>®</sup>
10. System Access: Access to PMA GPS<sup>®</sup> 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<sup>®</sup> if electronic statements are not elected.
11. 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: ADD NEW BANK INFORMATION

12. New Instructions for:      ACH              Wire              Both ACH and Wire
13. Local Depository Name: \_\_\_\_\_
14. Local Depository Address: \_\_\_\_\_
15. ABA/Routing Number: \_\_\_\_\_
16. Bank Account Name: \_\_\_\_\_
17. Depository Account Number: \_\_\_\_\_
18. For Further Credit Info: \_\_\_\_\_ (available on wires only)
19. Account Type:      Checking (must confirm ABA # with bank)      Savings (must confirm ABA # with bank)

\*To add additional bank instructions, complete the form titled "Bank Account Information"

## SECTION E: DEPOSIT/WITHDRAWAL INFORMATION AND AUTHORIZATION

Authorization is given to PMA Financial Network, LLC, as NPAIT Administrator, to honor any request believed to be authentic for investment to or withdrawal from the NPAIT Accounts to certain established bank accounts from an authorized official of the Public Entity in accordance with the Administrator's procedures. Upon notification, PMA Financial Network, LLC will initiate debit and credit entries to the local depository account(s) indicated and the local depository(ies) are authorized to further debit and credit the same to the account(s).

## SECTION F: INFORMATION STATEMENT AND DECLARATION

It is certified that the Entity has received a copy of the Information Statement of NPAIT and agrees to be bound by the terms of said document.

## SECTION G: 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 NPAIT in accordance with the Declaration of Trust:

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

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

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

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

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

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

PMA Authorization:

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

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

**Send completed forms to your PMA representative or to [Client-Service@npait.com](mailto:Client-Service@npait.com)**