



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 NPAIT 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:
- Access ALL NPAIT sub-accounts for the entity;
 - Act as primary contact person for all NPAIT daily activity;
 - Make purchases, redemptions, internal transfers, and fixed rate investments;
 - Certify the Authorized Personnel at the Entity;
 - Will be provided PMA GPS® access capabilities;
 - Add, change, delete the bank information (ACH/Wire) NPAIT has on file for the Entity;
 - Sign up for State Aid Deposits, and other programs of the NPAIT Fund; and
 - Open, close, change and reactivate NPAIT account information.

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 NPAIT account(s).

10. 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is in full force and effect on the date of this application, and that such resolution has not been modified, amended or rescinded since its adoption.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 NPAIT 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

It is certified that the Entity has received a copy of the NPAIT Fund 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 NPAIT 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