

Trusteed Account Application

MAGIC Account #:

Questions? Call 1-800-731-7150

<u>Instructions</u>: Use this application to open an Account with the <u>Minnesota Association of Governments Investing for Counties</u> (MAGIC) for funds controlled by a Trustee. If this is your Entity's first Account in MAGIC, you must include a completed <u>MAGIC New Investor Application</u> for this form to be processed. Submit this form through Connect, or fax or mail this form to the fax number or address at the bottom of the page 2. The new Account will be opened and available to receive deposits after all completed documentation and signatures have been reviewed and accepted.

	(Fund Use Only)
INVESTOR INFORMATION: (All fields in this section must contain Investor info	ormation ONLY.)
Investor Name:	TIN:
(Name that appears on Fund rec	cords) (Taxpayer Identification Number)
Account Title:	
(New Account nam	me to display on Fund records and statements)
Is this Account being set up for bond proceeds? Yes No	
Day dividends by reinvestment in . This Assessed . Other MACIS Assessed	
Pay dividends by reinvestment in: This Account Other MAGIC Account:	(Account Number or Account Name)
	(Account Number of Account Nume)
TRUSTEE INFORMATION: (All fields in this section must contain Trustee inform	nation ONLY.)
Tuestas Namas	
Trustee Name:	
Trustee Contact:	Contact Title:
Email Address:	Phone #: Fax #:
Note: The Investor MUST receive a statement for this Account. Please add a Contact from t	the Investor as a statement recipient in the Contact Permissions section below.
INVESTMENT OPTIONS: (Please select the investment option(s) that your Entit	ty may invest in.)
	tify that the selected investments below are permitted investments for the funds to be invested.
	any that the selected investments below are permitted investments for the funds to be invested.
MAGIC Portfolio MAGIC TERM	
	to the pre-established Account listed in the Investor Information section. Any Contact(s), their permission(s, way (Initial only if you are adding an investment option to a pre-established Account.)
SERVICES: (Please select the services that your Entity is interested in. A representation	ative from the Client Services Group will contact you to discuss.)
ACH Purchase/Redemption Wire Purchase/Redemption	
Note: If a wire/ACH banking instruction is not established for this Account and the monies	invested must be distributed to the Entity listed above, the Fund reserves the right to distribute this
Account's balance and any accrued dividend via check. Should such an event occur, th	, in the second
CONTACT PERMISSIONS: (Please complete the information below to add each	Contact's permissions for this Account)
Comment of the second of the s	contact 3 permissions for this recount.)
1. CONTACT INFORMATION: (Contact must be previously established with the Fund)	CONTACT PERMISSIONS: (Please select all permissions that apply)
Contact Name:	For the new Fund Account being established, this Contact may:
First and Last Name (Print)	View Account information.
Mailing Address:	Initiate transactions.
Agency Name (If Applicable)	- Open and close Accounts. Change banking instructions and Account information.
	- Assign permissions to and establish other Contacts.
Address	Receive electronic statements.
	Receive paper statements.
City State Zip	*Contact must be on record. All new Contacts must complete a Contact Record form.
2. CONTACT INFORMATION: (Contact must be previously established with the Fund)	CONTACT PERMISSIONS: (Please select all permissions that apply) For the new Fund Account being established, this Contact may:
Contact Name:	For the new Fund Account being established, this Contact may: View Account information.
First and Last Name (Print)	Initiate transactions.
Mailing Address:	- Open and close Accounts.
Agency Name (If Applicable)	Change banking instructions and Account information.
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Existing Connect

Users Only

Click ☑ Secure Contact

Select file to upload - Send message

Trusteed Account Application - Page 2

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			(New Account na	me to display on	Fund records and Statements)	(Taxpayer Identification Number)
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					Receive electronic statements	
		City	State	Zip		พ Contacts must complete a Contact Record form
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(MENTATION: (In addition to				
	Trustee \	/erification (Schedule A)	• Trust Do	cument (a cop	oy of the first page)	
	TIONAL DOCUM	MENTATION: (In addition to	this form, the follow	ving documents	s are optional.)	
	HONAL DOCON					
		Record (New Contacts Only)	ACH Set	up Instructions	 Wire Setup Instructi 	ons
		Record (New Contacts Only)	ACH Set	up Instructions	• Wire Setup Instructi	ons
	Contact I				• Wire Setup Instructions authorized to open new Accounts s	
F	Contact I RTIFICATION an	nd SIGNATURE: (Please have	a Contact per Fund	l records who is	s authorized to open new Accounts s	
F T	• Contact I RTIFICATION an the Contact signing bove. The Fund res	dd SIGNATURE: (Please have below has full authorization to serves the right to request proo	a Contact per Fund open this Account of	records who is on behalf of the	s authorized to open new Accounts sellowestor listed above and is an authon certification, board minutes, reso	ign below.) norized representative of the Trustee listed lutions, fiduciary trusts agreement, etc. wher
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1-888-535-0120

P.O. Box 11760

Harrisburg, PA 17108

Processed

Confirmed



SEND VIA CONNECT:

Existing Connect

Users Only

Log in to Account Access

Click ☑ Secure Contact

Select file to upload - Send message

Addendum to Trusteed Account Application

Questions? Call 1-800-731-7150

		(New Acc	ount name to display o	on Fund records and Statements)	(Taxpayer Identification Numb	
uctions: Comple	ete this form to add addition	nal Contact's per	missions for this Ac	count. If this addendum is needed, it must acco	ompany the Trusteed Account App	
CONTACT INFOR	RMATION: (Contact must be p	reviously establish	ned with the Fund)	CONTACT PERMISSIONS: (Pleas	e select all permissions that apply)	
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Contact Name:	5			View Account information.		
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Mailing Address:				Open and close Accounts.		
	Agency Name (If Applicable)			Change banking instructions ar	nd Account information.	
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				Receive paper statements.		
				neceive Dabel Statements.		

Any document containing sensitive information received by email will not be accepted. Please send by uploading through Connect, fax, or mail.

MAGIC Client Services Group

1-888-535-0120

FUND USE ONLY			
V2022.08	INITIALS		
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Confirmed			

MAGIC Client Services Group

P.O. Box 11760

Harrisburg, PA 17108