FL PALM
Public Assets for Liquidity Management

Account Application

Questions? Call 1-877-495-8246

Instructions: Use this application to open an Account with FL PALM. If this the Entity's first Account in FL PALM, you must include a completed **FL PALM New Participant/Investor Application** 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.

FL PALM ACCOUNT #: _____
(Fund Use Only)

PARTICIPANT/INVESTOR INFORMATION: *(All fields in this section must contain Participant/Investor information ONLY.)*

CSGV2022.03

Participant/Investor Name: _____ **TIN:** _____ - _____
(Name that appears on Fund records) (Taxpayer Identification Number)

Account Title: _____
(New Account name to display on Fund records and Statements)

Is this account being set up for bond proceeds? ☐ Yes ☐ No

Pay dividends by reinvestment in: ☐ This Account ☐ Other FL PALM Account: _____
(Account Number or Account Name)

INVESTMENT OPTIONS: *(Please select the investment option(s) that your Entity may invest in.)*

As a Contact authorized to make investment decisions for the Entity listed above, I certify that the selected investments below are permitted investments for the moneys to be invested.

☑ **Florida Public Assets for Liquidity Management Fund (FL PALM)** ☐ **FL PALM TERM**

Note: ***I hereby acknowledge that the investment option(s) selected above should be added to the pre-established Account listed in the Participant/Investor Information section. Any Contact(s), their permission(s), and the banking instructions on record with this Account should not be altered in any 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 representative 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, the check will be sent to the Participant/Investor's address on record.***

CONTACT PERMISSIONS: *(Please complete the information below to add or update each Contact's permissions for this Account.)*

1.

CONTACT INFORMATION: *(Contact must be previously established with the Fund.)*

Contact Name: _____
First and Last Name (Print)
Mailing Address: _____
Agency Name (If Applicable)
_____
Address
_____ _____ _____
City State Zip

CONTACT PERMISSIONS: *(Please select all permissions that apply.)*

For the new Fund Account being established, this Contact may:
- ☑ View Account information.
- ☐ Initiate transactions.
- ☐ Open and close Accounts.
- ☐ Change banking instructions and Account information.
- ☐ Assign permissions to and establish other Contacts.
- ☐ Receive electronic statements.
- ☐ Receive paper statements.

*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 Name: _____
First and Last Name (Print)
Mailing Address: _____
Agency Name (If Applicable)
_____
Address
_____ _____ _____
City State Zip

CONTACT PERMISSIONS: *(Please select all permissions that apply.)*

For the new Fund Account being established, this Contact may:
- ☑ View Account information.
- ☐ Initiate transactions.
- ☐ Open and close Accounts.
- ☐ Change banking instructions and Account information.
- ☐ Assign permissions to and establish other Contacts.
- ☐ Receive electronic statements.
- ☐ Receive paper statements.

*Contact must be on record. *All new Contacts must complete a Contact Record form.*

3.

CONTACT INFORMATION: *(Contact must be previously established with the Fund.)*

Contact Name: _____
First and Last Name (Print)
Mailing Address: _____
Agency Name (If Applicable)
_____
Address
_____ _____ _____
City State Zip

CONTACT PERMISSIONS: *(Please select all permissions that apply.)*

For the new Fund Account being established, this Contact may:
- ☑ View Account information.
- ☐ Initiate transactions.
- ☐ Open and close Accounts.
- ☐ Change banking instructions and Account information.
- ☐ Assign permissions to and establish other Contacts.
- ☐ Receive electronic statements.
- ☐ Receive paper statements.

*Contact must be on record. *All new Contacts must complete a Contact Record form.*

(New Account name to display on Fund records) (Taxpayer Identification Number)

4. **CONTACT INFORMATION:** *(Contact must be previously established with the Fund.)*

Contact Name: _____
First and Last Name (Print)

Mailing Address: _____
Agency Name (If Applicable)

_____
Address

_____ City _____ State _____ Zip

CONTACT PERMISSIONS: *(Please select all permissions that apply.)*

For the new Fund Account being established, this Contact may:

- ☑ View Account information.
- ☐ Initiate transactions.
- ☐ Open and close Accounts.
- ☐ Change banking instructions and Account information.
- ☐ Assign permissions to and establish other Contacts.
- ☐ Receive electronic statements.
- ☐ Receive paper statements.

*Contact must be on record. *All new Contacts must complete a Contact Record form.*

5. **CONTACT INFORMATION:** *(Contact must be previously established with the Fund.)*

Contact Name: _____
First and Last Name (Print)

Mailing Address: _____
Agency Name (If Applicable)

_____
Address

_____ City _____ State _____ Zip

CONTACT PERMISSIONS: *(Please select all permissions that apply.)*

For the new Fund Account being established, this Contact may:

- ☑ View Account information.
- ☐ Initiate transactions.
- ☐ Open and close Accounts.
- ☐ Change banking instructions and Account information.
- ☐ Assign permissions to and establish other Contacts.
- ☐ Receive electronic statements.
- ☐ Receive paper statements.

*Contact must be on record. *All new Contacts must complete a Contact Record form.*

OPTIONAL DOCUMENTATION: *(In addition to this form, the following documents are optional.)*

- **Contact Record** (New Contacts Only)
- **ACH Setup Instructions**
- **Wire Setup Instructions**

CERTIFICATION & SIGNATURE: *(Please have an authorized Contact from the Fund sign below.)*

The Contact signing below has full authorization to open Accounts on behalf of the Participant/Investor listed above and should meet one the following criteria:

- For a current Participant/Investor, this section must be signed by a Contact who is currently authorized to open Accounts per Fund records; or
- For a new Participant/Investor, this section must be signed by the Contact who signed the certification section of the New Participant/Investor Application.

The Fund reserves the right to request proof of authority in the form of election certification, board minutes, resolutions, fiduciary trusts agreement, etc. when opening Accounts and assigning permissions with the Fund. It is the sole responsibility of the Participant/Investor to promptly notify FL PALM of any changes to authorized Contacts.

_____ Print or Type Name of Authorized Signatory

_____ Title/Position

✕ *Please print, sign and date this form with blue or black ink.*

_____ Authorized Signature

_____ Date

FUND USE ONLY: *(Please fax or mail this document to the Client Services Group for their signature below.)*

✕ _____ FL PALM Representative Signature _____ Date

✕ _____ Principal Approval Signature _____ Date

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

SEND VIA CONNECT:	Log in to Account Access	**FAX TO:**	FL PALM Client Services Group	**MAIL TO:**	FL PALM Client Services Group
Existing Connect	Click ✉ Secure Contact		1-800-252-9551		P.O. Box 11813
Users Only	Select file to upload - Send message				Harrisburg, PA 17108

Print Form

Clear Form

Addendum to Account Application

Questions? Call 1-877-495-8246

(New Account name to display on Fund records and Statements) _____ (Taxpayer Identification Number) _____ - _____

Instructions: Complete this form when you need to add additional Contacts to the new Account. If this addendum is needed, it must accompany the Account Application.

6.

CONTACT INFORMATION: *(Contact must be previously established with the Fund.)*

Contact Name: _____
First and Last Name (Print)

Mailing Address: _____
Agency Name (If Applicable)

_____
Address

_____ _____ _____
City State Zip

CONTACT PERMISSIONS: *(Please select all permissions that apply.)*

For the new Fund Account being established, this Contact may:

- ☑ View Account information.
- ☐ Initiate transactions.
- ☐ Open and close Accounts.
- ☐ Change banking instructions and Account information.
- ☐ Assign permissions to and establish other Contacts.
- ☐ Receive electronic statements.
- ☐ Receive paper statements.

*Contact must be on record. *All new Contacts must complete a Contact Record form.*

7.

CONTACT INFORMATION: *(Contact must be previously established with the Fund.)*

Contact Name: _____
First and Last Name (Print)

Mailing Address: _____
Agency Name (If Applicable)

_____
Address

_____ _____ _____
City State Zip

CONTACT PERMISSIONS: *(Please select all permissions that apply.)*

For the new Fund Account being established, this Contact may:

- ☑ View Account information.
- ☐ Initiate transactions.
- ☐ Open and close Accounts.
- ☐ Change banking instructions and Account information.
- ☐ Assign permissions to and establish other Contacts.
- ☐ Receive electronic statements.
- ☐ Receive paper statements.

*Contact must be on record. *All new Contacts must complete a Contact Record form.*

8.

CONTACT INFORMATION: *(Contact must be previously established with the Fund.)*

Contact Name: _____
First and Last Name (Print)

Mailing Address: _____
Agency Name (If Applicable)

_____
Address

_____ _____ _____
City State Zip

CONTACT PERMISSIONS: *(Please select all permissions that apply.)*

For the new Fund Account being established, this Contact may:

- ☑ View Account information.
- ☐ Initiate transactions.
- ☐ Open and close Accounts.
- ☐ Change banking instructions and Account information.
- ☐ Assign permissions to and establish other Contacts.
- ☐ Receive electronic statements.
- ☐ Receive paper statements.

*Contact must be on record. *All new Contacts must complete a Contact Record form.*

9.

CONTACT INFORMATION: *(Contact must be previously established with the Fund.)*

Contact Name: _____
First and Last Name (Print)

Mailing Address: _____
Agency Name (If Applicable)

_____
Address

_____ _____ _____
City State Zip

CONTACT PERMISSIONS: *(Please select all permissions that apply.)*

For the new Fund Account being established, this Contact may:

- ☑ View Account information.
- ☐ Initiate transactions.
- ☐ Open and close Accounts.
- ☐ Change banking instructions and Account information.
- ☐ Assign permissions to and establish other Contacts.
- ☐ Receive electronic statements.
- ☐ Receive paper statements.

*Contact must be on record. *All new Contacts must complete a Contact Record form.*

10.

CONTACT INFORMATION: *(Contact must be previously established with the Fund.)*

Contact Name: _____
First and Last Name (Print)

Mailing Address: _____
Agency Name (If Applicable)

_____
Address

_____ _____ _____
City State Zip

CONTACT PERMISSIONS: *(Please select all permissions that apply.)*

For the new Fund Account being established, this Contact may:

- ☑ View Account information.
- ☐ Initiate transactions.
- ☐ Open and close Accounts.
- ☐ Change banking instructions and Account information.
- ☐ Assign permissions to and establish other Contacts.
- ☐ Receive electronic statements.
- ☐ Receive paper statements.

*Contact must be on record. *All new Contacts must complete a Contact Record form.*

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

SEND VIA CONNECT:	Log in to Account Access	**FAX TO:**	FL PALM Client Services Group	**MAIL TO:**	FL PALM Client Services Group
Existing Connect	Click ✉ Secure Contact		1-800-252-9551		P.O. Box 11813
Users Only	Select file to upload - Send message				Harrisburg, PA 17108

Print Form

Clear Form