



# Account Application

Questions? Call 1-800-731-6830

**Instructions:** Use this application to open an Account with the **Illinois Portfolio – IPDLAF+ Class**. If this is your Entity’s first Account in Illinois Trust, you must include a completed **IPDLAF+ Class New 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.

IPDLAF+ Class Account #: \_\_\_\_\_  
(Trust Use Only)

## INVESTOR INFORMATION: (Please complete all fields in this section.)

Investor Name: \_\_\_\_\_ TIN: \_\_\_\_\_  
(Name that appears on Trust records) (Taxpayer Identification Number)

Account Title: \_\_\_\_\_  
(New Account name to display on Trust records and statements)

Is this Account being set up for bond proceeds? Yes No

Pay dividends by reinvestment in: This Account Other IPDLAF+ Class 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 funds to be invested.

Illinois Portfolio – IPDLAF+ Class Illinois Trust – Illinois TERM Portfolio

**Note:** I hereby acknowledge that the investment option(s) selected above should be added to the pre-established Account listed in the 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 IPDLAF+ Class Checking

**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 Trust 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 Investor’s address on record.

## CONTACT PERMISSIONS: (Please complete the information below to add each Contact’s permissions for this Account.)

1. CONTACT INFORMATION: (Contact must be previously established with the Trust)	CONTACT PERMISSIONS: (Please select all permissions that apply)
Contact Name: _____ First and Last Name (Print) Mailing Address: _____ Agency Name (If Applicable) _____ Address _____ City _____ State _____ Zip _____	For the new Trust 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.
Contact Name: _____ First and Last Name (Print) Mailing Address: _____ Agency Name (If Applicable) _____ Address _____ City _____ State _____ Zip _____	For the new Trust 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.
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(New Account name to display on Trust records and Statements)

(Taxpayer Identification Number)

4. CONTACT INFORMATION: (Contact must be previously established with the Trust)	CONTACT PERMISSIONS: (Please select all permissions that apply)
<p>Contact Name: _____ First and Last Name (Print)</p> <p>Mailing Address: _____ Agency Name (If Applicable)</p> <p>_____</p> <p>Address</p> <p>_____</p> <p>City State Zip</p>	<p>For the new Trust Account being established, this Contact may:</p> <ul style="list-style-type: none"> <li>View Account information.</li> <li>Initiate transactions.</li> <li>Open and close Accounts.</li> <li>Change banking instructions and Account information.</li> <li>Assign permissions to and establish other Contacts.</li> <li>Receive electronic statements.</li> <li>Receive paper statements.</li> </ul> <p><i>*Contact must be on record. All new Contacts must complete a Contact Record form.</i></p>

5. CONTACT INFORMATION: (Contact must be previously established with the Trust)	CONTACT PERMISSIONS: (Please select all permissions that apply)
<p>Contact Name: _____ First and Last Name (Print)</p> <p>Mailing Address: _____ Agency Name (If Applicable)</p> <p>_____</p> <p>Address</p> <p>_____</p> <p>City State Zip</p>	<p>For the new Trust Account being established, this Contact may:</p> <ul style="list-style-type: none"> <li>View Account information.</li> <li>Initiate transactions.</li> <li>Open and close Accounts.</li> <li>Change banking instructions and Account information.</li> <li>Assign permissions to and establish other Contacts.</li> <li>Receive electronic statements.</li> <li>Receive paper statements.</li> </ul> <p><i>*Contact must be on record. All new Contacts must complete a Contact Record form.</i></p>

**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 a Contact per Trust records who is authorized to open new Accounts sign below.)

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

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

The Trust 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 Trust. It is the sole responsibility of the Investor to promptly notify the Trust of any changes to authorized Contacts.

\_\_\_\_\_  
Print or Type Name of Authorized Signatory

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title/Position

\_\_\_\_\_  
Date

**TRUST USE ONLY:**

\_\_\_\_\_  
Illinois Trust Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal Approval Signature

\_\_\_\_\_  
Date

<b>Any document containing sensitive information received by email will not be accepted. Please send by uploading through Connect, fax, or mail.</b>			<b>TRUST USE ONLY</b>		
<b>SEND VIA CONNECT:</b>	Log in to Account Access	<b>FAX TO:</b>	Illinois Trust Client Services Group	<b>MAIL TO:</b>	Illinois Trust Client Services Group
<i>Existing Connect Users Only</i>	Click <input checked="" type="checkbox"/> Secure Contact		1-888-535-0120		P.O. Box 11760
	Select file to upload - Send message				Harrisburg, PA 17108
					V2022.04
					INITIALS
					Processed
					Confirmed



# Addendum to Account Application

Questions? Call 1-800-731-6830

(New Account name to display on Trust records and Statements)

(Taxpayer Identification Number)

**Instructions:** Complete this form to add additional Contact's permissions for this Account. If this addendum is needed, it must accompany the Account Application.

<b>6.</b>	<b>CONTACT INFORMATION: (Contact must be previously established with the Trust)</b>	<b>CONTACT PERMISSIONS: (Please select all permissions that apply)</b>
	<p>Contact Name: _____  <small>First and Last Name (Print)</small></p> <p>Mailing Address: _____  <small>Agency Name (If Applicable)</small></p> <p>_____</p> <p><small>Address</small></p> <p>_____</p> <p><small>City State Zip</small></p>	<p>For the new Trust Account being established, this Contact may:</p> <ul style="list-style-type: none"> <li>View Account information.</li> <li>Initiate transactions.</li> <li>Open and close Accounts.</li> <li>Change banking instructions and Account information.</li> <li>Assign permissions to and establish other Contacts.</li> <li>Receive electronic statements.</li> <li>Receive paper statements.</li> </ul> <p><small>*Contact must be on record. All new Contacts must complete a Contact Record form.</small></p>
<b>7.</b>	<b>CONTACT INFORMATION: (Contact must be previously established with the Trust)</b>	<b>CONTACT PERMISSIONS: (Please select all permissions that apply)</b>
	<p>Contact Name: _____  <small>First and Last Name (Print)</small></p> <p>Mailing Address: _____  <small>Agency Name (If Applicable)</small></p> <p>_____</p> <p><small>Address</small></p> <p>_____</p> <p><small>City State Zip</small></p>	<p>For the new Trust Account being established, this Contact may:</p> <ul style="list-style-type: none"> <li>View Account information.</li> <li>Initiate transactions.</li> <li>Open and close Accounts.</li> <li>Change banking instructions and Account information.</li> <li>Assign permissions to and establish other Contacts.</li> <li>Receive electronic statements.</li> <li>Receive paper statements.</li> </ul> <p><small>*Contact must be on record. All new Contacts must complete a Contact Record form.</small></p>
<b>8.</b>	<b>CONTACT INFORMATION: (Contact must be previously established with the Trust)</b>	<b>CONTACT PERMISSIONS: (Please select all permissions that apply)</b>
	<p>Contact Name: _____  <small>First and Last Name (Print)</small></p> <p>Mailing Address: _____  <small>Agency Name (If Applicable)</small></p> <p>_____</p> <p><small>Address</small></p> <p>_____</p> <p><small>City State Zip</small></p>	<p>For the new Trust Account being established, this Contact may:</p> <ul style="list-style-type: none"> <li>View Account information.</li> <li>Initiate transactions.</li> <li>Open and close Accounts.</li> <li>Change banking instructions and Account information.</li> <li>Assign permissions to and establish other Contacts.</li> <li>Receive electronic statements.</li> <li>Receive paper statements.</li> </ul> <p><small>*Contact must be on record. All new Contacts must complete a Contact Record form.</small></p>
<b>9.</b>	<b>CONTACT INFORMATION: (Contact must be previously established with the Trust)</b>	<b>CONTACT PERMISSIONS: (Please select all permissions that apply)</b>
	<p>Contact Name: _____  <small>First and Last Name (Print)</small></p> <p>Mailing Address: _____  <small>Agency Name (If Applicable)</small></p> <p>_____</p> <p><small>Address</small></p> <p>_____</p> <p><small>City State Zip</small></p>	<p>For the new Trust Account being established, this Contact may:</p> <ul style="list-style-type: none"> <li>View Account information.</li> <li>Initiate transactions.</li> <li>Open and close Accounts.</li> <li>Change banking instructions and Account information.</li> <li>Assign permissions to and establish other Contacts.</li> <li>Receive electronic statements.</li> <li>Receive paper statements.</li> </ul> <p><small>*Contact must be on record. All new Contacts must complete a Contact Record form.</small></p>
<b>10.</b>	<b>CONTACT INFORMATION: (Contact must be previously established with the Trust)</b>	<b>CONTACT PERMISSIONS: (Please select all permissions that apply)</b>
	<p>Contact Name: _____  <small>First and Last Name (Print)</small></p> <p>Mailing Address: _____  <small>Agency Name (If Applicable)</small></p> <p>_____</p> <p><small>Address</small></p> <p>_____</p> <p><small>City State Zip</small></p>	<p>For the new Trust Account being established, this Contact may:</p> <ul style="list-style-type: none"> <li>View Account information.</li> <li>Initiate transactions.</li> <li>Open and close Accounts.</li> <li>Change banking instructions and Account information.</li> <li>Assign permissions to and establish other Contacts.</li> <li>Receive electronic statements.</li> <li>Receive paper statements.</li> </ul> <p><small>*Contact must be on record. All new Contacts must complete a Contact Record form.</small></p>

**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  
*Existing Connect* Click  Secure Contact  
*Users Only* Select file to upload - Send message

**FAX TO:** Illinois Trust Client Services Group  
 1-888-535-0120

**MAIL TO:** Illinois Trust Client Services Group  
 P.O. Box 11760  
 Harrisburg, PA 17108

**TRUST USE ONLY**

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<small>Processed</small>	
<small>Confirmed</small>	