



New Investor Application

Questions? Call 1-800-731-6830

Instructions: Complete this application to become a new Investor in the Illinois Portfolio – IPDLAF+ Class of the Illinois Trust (the “Trust”). This application must be included with all other required documentation and certifications in order to be accepted and processed by the Illinois Trust Client Services Group. Please fax or mail this completed application to your Account representative at the fax number or address listed at the bottom of this application.

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

Investor Name:				(Name to appear on Trust records)
Legal Name:				(Name as filed with the IRS, if different from above)
Street Address:				Phone #:
	Street Address (A P.O. Box is not acceptable)			
	City	State	Zip	Fax #:
Mailing Address:				Fiscal Year End:
	Mailing Address (If different from Street Address)			(Month and Day)
	City	State	Zip	Entity Type:
				(City, County, Park District, etc.)

TAX IDENTIFICATION NUMBER (TIN):

Note: If the information required by this section is not provided, the current IRS Backup Withholding Rate of taxable dividends, capital gains and proceeds of redemptions and exchanges will be imposed under federal tax regulations.

TIN : _____ Form of Organization: _____
(Taxpayer Identification Number) (e.g., 501(c)(3) organization, C corporation, limited liability company, etc.)

Tax Status: I have not been notified by the IRS that I am currently subject to Backup Withholding.
I am an exempt recipient.
I am neither a citizen nor a resident of the United States.

INVESTOR CERTIFICATION: (A representative of the Investor should read, complete, sign and date this section.)

- By execution of this form the Investor represents and warrants that the Investor has the full power and authority to make investments, that the assets being invested are not subject to any restrictions under an indenture or other agreement that prohibits investment in the selected portfolio, and that the funds invested are of a type authorized for this investment as described in the Information Statement. The person signing on behalf of an Investor warrants she/he is authorized to make investments on behalf of the Investor. She/he represents she/he has received and read the Trust's current Information Statement.
- The establishment of an Account is subject to acceptance by the Trust and is subject to the conditions under “HOW TO BUY AND REDEEM SHARES OF THE TRUST” and other provisions contained in the Information Statement.
- Any checking Account opened through the Trust is subject to the rules, regulations and procedures of the Depository.
- Under penalty of perjury, the authorized Contact signing below certifies that the tax identification number provided for this entity is true, correct and complete.
- The information, authorizations, and certifications set forth in or attached to this New Investor Application shall remain in full force and effect until the Trust receives written notification of change.

Authorized Signature	Date
Print or Type Name of Authorized Signatory	Title/Position

REQUIRED DOCUMENTATION: (Please include the following documents with this application.)

- W-9 (Name on W-9 must match IRS records)
- Resolution/Ordinance

TRUST USE ONLY: (Please fax or mail this document to your Account representative for their signature below.)

Illinois Trust Representative 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:	Illinois Trust Client Services Group	MAIL TO:	Illinois Trust Client Services Group
Existing Connect	Click <input checked="" type="checkbox"/> Secure Contact		1-888-535-0120		P.O. Box 11760
Users Only	Select file to upload - Send message				Harrisburg, PA 17108

TRUST USE ONLY

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Processed	
Confirmed	