

Instructions: Use this application to open an Account with the **Minnesota Association of Governments Investing for Counties (MAGIC)**. If this is your Entity's first Account in MAGIC, you must include a completed **MAGIC 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.

MAGIC Account #: _____
(Fund Use Only)

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

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 MAGIC 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.

MAGIC Portfolio **MAGIC TERM**

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 MAGIC 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 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 Investor's address on record.

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

<p>1. CONTACT INFORMATION: (Contact must be previously established with the Fund)</p> <p>Contact Name: _____ First and Last Name (Print)</p> <p>Mailing Address: _____ Agency Name (If Applicable)</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p>	<p>CONTACT PERMISSIONS: (Please select all permissions that apply)</p> <p>For the new Fund Account being established, this Contact may:</p> <ul style="list-style-type: none"> <input type="checkbox"/> View Account information. <input type="checkbox"/> Initiate transactions. <input type="checkbox"/> Open and close Accounts. <input type="checkbox"/> Change banking instructions and Account information. <input type="checkbox"/> Assign permissions to and establish other Contacts. <input type="checkbox"/> Receive electronic statements. <input type="checkbox"/> Receive paper statements. <p><i>*Contact must be on record. All new Contacts must complete a Contact Record form.</i></p>
<p>2. CONTACT INFORMATION: (Contact must be previously established with the Fund)</p> <p>Contact Name: _____ First and Last Name (Print)</p> <p>Mailing Address: _____ Agency Name (If Applicable)</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p>	<p>CONTACT PERMISSIONS: (Please select all permissions that apply)</p> <p>For the new Fund Account being established, this Contact may:</p> <ul style="list-style-type: none"> <input type="checkbox"/> View Account information. <input type="checkbox"/> Initiate transactions. <input type="checkbox"/> Open and close Accounts. <input type="checkbox"/> Change banking instructions and Account information. <input type="checkbox"/> Assign permissions to and establish other Contacts. <input type="checkbox"/> Receive electronic statements. <input type="checkbox"/> Receive paper statements. <p><i>*Contact must be on record. All new Contacts must complete a Contact Record form.</i></p>
<p>3. CONTACT INFORMATION: (Contact must be previously established with the Fund)</p> <p>Contact Name: _____ First and Last Name (Print)</p> <p>Mailing Address: _____ Agency Name (If Applicable)</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p>	<p>CONTACT PERMISSIONS: (Please select all permissions that apply)</p> <p>For the new Fund Account being established, this Contact may:</p> <ul style="list-style-type: none"> <input type="checkbox"/> View Account information. <input type="checkbox"/> Initiate transactions. <input type="checkbox"/> Open and close Accounts. <input type="checkbox"/> Change banking instructions and Account information. <input type="checkbox"/> Assign permissions to and establish other Contacts. <input type="checkbox"/> Receive electronic statements. <input type="checkbox"/> Receive paper statements. <p><i>*Contact must be on record. All new Contacts must complete a Contact Record form.</i></p>



Addendum to Account Application

Questions? Call 1-800-731-7150

(New Account name to display on Fund 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.

6.	CONTACT INFORMATION: (Contact must be previously established with the Fund)	CONTACT PERMISSIONS: (Please select all permissions that apply)
	<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 Fund Account being established, this Contact may:</p> <ul style="list-style-type: none"> 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. <p><small>*Contact must be on record. All new Contacts must complete a Contact Record form.</small></p>
7.	CONTACT INFORMATION: (Contact must be previously established with the Fund)	CONTACT PERMISSIONS: (Please select all permissions that apply)
	<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 Fund Account being established, this Contact may:</p> <ul style="list-style-type: none"> 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. <p><small>*Contact must be on record. All new Contacts must complete a Contact Record form.</small></p>
8.	CONTACT INFORMATION: (Contact must be previously established with the Fund)	CONTACT PERMISSIONS: (Please select all permissions that apply)
	<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 Fund Account being established, this Contact may:</p> <ul style="list-style-type: none"> 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. <p><small>*Contact must be on record. All new Contacts must complete a Contact Record form.</small></p>
9.	CONTACT INFORMATION: (Contact must be previously established with the Fund)	CONTACT PERMISSIONS: (Please select all permissions that apply)
	<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 Fund Account being established, this Contact may:</p> <ul style="list-style-type: none"> 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. <p><small>*Contact must be on record. All new Contacts must complete a Contact Record form.</small></p>
10.	CONTACT INFORMATION: (Contact must be previously established with the Fund)	CONTACT PERMISSIONS: (Please select all permissions that apply)
	<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 Fund Account being established, this Contact may:</p> <ul style="list-style-type: none"> 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. <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 <i>Existing Connect Users Only</i> Click <input checked="" type="checkbox"/> Secure Contact Select file to upload - Send message	FAX TO: MAGIC Client Services Group 1-888-535-0120	MAIL TO: MAGIC Client Services Group P.O. Box 11760 Harrisburg, PA 17108
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FUND USE ONLY	
V2022.08	INITIALS
Processed	
Confirmed	