



# New Investor Application

Questions? Call 1-800-731-7150

**Instructions:** Complete this application to become a new Investor in the **Minnesota Association of Governments Investing for Counties (MAGIC)**. This application must be included with all other required documentation and certifications in order to be accepted and processed by the MAGIC 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 Fund 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, School 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.)

- I. The undersigned represents and warrants that he/she has the full power and authority to make investments on behalf of the Investor listed above.
- II. The undersigned certifies that the Investor named on this application adopted or enacted the attached **Resolution** at a duly convened meeting of the governing body of the Investor held on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and that such Resolution is in full force and effect on the date of this application, and that such Resolution has not been modified, amended or rescinded since its adoption or enactment. (Please attach the Resolution to this document.)
- III. The undersigned further certifies that the Investor has received a copy of the Fund's **Information Statement** and **Declaration of Trust**, and agrees that the Investor will be bound by the terms of such documents.
- IV. The establishment of an account is subject to acceptance by the Fund and is subject to the conditions under the provisions contained in the Information Statement and Declaration of Trust.
- V. Under penalty of perjury, the undersigned below certifies that the tax identification number provided for this Investor is true, correct and complete.
- VI. The information, authorizations, and certifications set forth in or attached to this New Investor Application shall remain in full force and effect until the Fund 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.)

\_\_\_\_\_  
MAGIC Representative Signature Date

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

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| <b>SEND VIA CONNECT:</b><br><i>Existing Connect Users Only</i> | Log in to Account Access<br>Click <input checked="" type="checkbox"/> Secure Contact<br>Select file to upload - Send message | <b>FAX TO:</b><br>MAGIC Client Services Group<br>1-888-535-0120 | <b>MAIL TO:</b><br>MAGIC Client Services Group<br>P.O. Box 11760<br>Harrisburg, PA 17108 |
|--|--|---|--|

| FUND USE ONLY |          |
|---------------|----------|
| V2022.08      | INITIALS |
| Processed     |          |
| Confirmed     |          |