

## Trust Registration

### Entity Information

Local Government Name (Participant) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

County \_\_\_\_\_ Tax ID \_\_\_\_\_ Fiscal Year (Month/Day) \_\_\_\_\_

Entity Type: City/Town \_\_\_ Authority \_\_\_ County \_\_\_ Other (Specify) \_\_\_\_\_

VIP is hereby authorized to honor any telephone, faxed, or electronic request, believed to be authentic, for withdrawal of funds. The withdrawal proceeds can be sent only to the bank(s) indicated below unless changed by written instructions. Each local government is responsible for notifying VIP of any changes to its account.

### Banking Information

Bank Name \_\_\_\_\_ Bank Routing Number (ABA) \_\_\_\_\_

Account Title \_\_\_\_\_ Account Number \_\_\_\_\_

Bank Contact \_\_\_\_\_ Contact's Phone Number \_\_\_\_\_

### Banking Information

Bank Name \_\_\_\_\_ Bank Routing Number (ABA) \_\_\_\_\_

Account Title \_\_\_\_\_ Account Number \_\_\_\_\_

Bank Contact \_\_\_\_\_ Contact's Phone Number \_\_\_\_\_

## Authorized Contacts

### Primary Contact

Mr. Ms. \_\_\_\_\_  
Print First and Last Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature (\*required if Authorized Signer)

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Fax

#### Permissions (must check one)

- Authorized Signer to Move Funds\*  
 Read Only Access

#### Email Notifications

- Monthly Statements  
 Transaction Confirmations

#### Online Account

- Online User Access

### Additional Contacts

Mr. Ms. \_\_\_\_\_  
Print First and Last Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature (\*required if Authorized Signer)

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Fax

#### Permissions (must check one)

- Authorized Signer to Move Funds\*  
 Read Only Access

#### Email Notifications

- Monthly Statements  
 Transaction Confirmations

#### Online Account

- Online User Access

Mr. Ms. \_\_\_\_\_  
Print First and Last Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature (\*required if Authorized Signer)

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Fax

#### Permissions (must check one)

- Authorized Signer to Move Funds\*  
 Read Only Access

#### Email Notifications

- Monthly Statements  
 Transaction Confirmations

#### Online Account

- Online User Access



## Accounts to be Established

Name of Public Entity: \_\_\_\_\_

### VIP 1-3 Year High Quality Bond Fund<sup>1</sup>

Desired Subaccount Name\*:  
(To be completed by Participant)

VIP Account Number  
(To be assigned by VIP)

\_\_\_\_\_

VA-01-\_\_\_\_\_

\_\_\_\_\_

VA-01-\_\_\_\_\_

\_\_\_\_\_

VA-01-\_\_\_\_\_

\_\_\_\_\_

VA-01-\_\_\_\_\_

### VIP Stable NAV Liquidity Pool

Desired Subaccount Name\*:  
(To be completed by Participant)

VIP Account Number  
(To be assigned by VIP)

\_\_\_\_\_

VA-01-\_\_\_\_\_

\_\_\_\_\_

VA-01-\_\_\_\_\_

\_\_\_\_\_

VA-01-\_\_\_\_\_

\_\_\_\_\_

VA-01-\_\_\_\_\_

<sup>1</sup>The VIP Stable NAV Liquidity Pool is utilized as the "sweep" vehicle for deposits to the VIP 1-3 Year High Quality Bond Fund received between the semimonthly portfolio valuation dates. Therefore, a corresponding VIP Stable NAV Liquidity Pool account will be opened for each 1-3 Year High Quality Bond Fund account.

\*Subaccount names may not exceed 30 characters.