



Virginia Investment Pool
A Service of VML/VACO Finance

Trust Registration

Entity Information

Entity Name (Participant) _____

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

Mailing Address _____

City _____ Zip _____ County _____

Physical Address (if different than above) _____

City _____ Zip _____ County _____

Tax ID _____ Fiscal Year End Date (Month/Day) _____

VIP and its transfer agent and administrator are authorized by the Participant to act on any instructions believed to be genuine for any service authorized on this form. To the extent permitted by law, the Participant agrees that VIP, its transfer agent, and administrator, Public Trust Advisors LLC, and their respective officers, directors, affiliates, representatives, employees and agents (each an "Indemnified Party") will not be liable for any losses, claims, expenses and liabilities (collectively, the "Losses") that result from accepting such instructions, and agrees to indemnify and hold harmless each Indemnified Party from and against any and all Losses arising from or resulting from such reliance on, or acceptance of, such instructions. Withdrawal proceeds can be sent only to the bank(s) indicated below unless changed by written instructions. Each Participant is responsible for notifying VIP in writing of any changes to its account(s).

Wires will be distributed every hour with the final distribution ending at 2:00 p.m. ET; distribution times are subject to change. Additionally, VIP must be notified of any contributions by 2:00 p.m. ET to receive same day credit. If such funds for which notification was provided by 2:00 p.m. are not received by 5:00 p.m. ET, contribution orders will be voided and, if applicable, will need to be reentered.

Banking Information

Bank Name _____ Bank Routing Number (ABA) _____

Account Title _____ Account Number _____

Bank Contact¹ _____ Contact's Phone Number¹ _____

Wire ACH Both

Additional Banking Information (Optional)

Bank Name _____ Bank Routing Number (ABA) _____

Account Title _____ Account Number _____

Bank Contact¹ _____ Contact's Phone Number¹ _____

Wire ACH Both

¹ If there will only be one Authorized Signer on the VIP account, bank contact must be provided to verify bank account information



Authorized Contacts

Authorized Signers Can	Read-Only Users Can
Approve changes to the Investor Profile	Receive account updates
Update banking/contact information	Request "view-only" access to monthly statements and transaction confirmations
Process transactions	View banking/contact information
Receive account updates	

Primary Contact and Authorized Signer

Print First and Last Name

Title

Signature Required

Phone (Required)¹ Extension

Email (Required)

Mobile¹

Additional Contact (Optional) Note – VIP strongly advises each participant to have multiple authorized signers to help prevent fraud

Print First and Last Name

Title

***(Signature Required if Authorized Signer)**

Phone (Required)¹ Extension

Email (Required)

Mobile¹

Permissions (check only one)

Authorized Signer to Move Funds*

Read-Only Access

Additional Contact (Optional)

Print First and Last Name

Title

***(Signature Required if Authorized Signer)**

Phone (Required)¹ Extension

Email (Required)

Mobile¹

Permissions (check only one)

Authorized Signer to Move Funds*

Read-Only Access

¹ A phone number that you can be reached at directly is required to receive the multi-factor authentication code via phone call. Mobile numbers can receive the code via phone call or text.

All contacts listed on an account will receive email notifications when transaction confirmation documents and monthly statements are available for download in the online portal.



Authorized Contacts (cont.)

Additional Contact (Optional)

Print First and Last Name

Title

***(Signature Required if Authorized Signer)**

Phone (Required)¹ Extension

Email (Required)

Mobile¹

Permissions (check only one)

Authorized Signer to Move Funds*

Read-Only Access

Additional Contact (Optional)

Print First and Last Name

Title

***(Signature Required if Authorized Signer)**

Phone (Required)¹ Extension

Email (Required)

Mobile¹

Permissions (check only one)

Authorized Signer to Move Funds*

Read-Only Access

Additional Contact (Optional)

Print First and Last Name

Title

***(Signature Required if Authorized Signer)**

Phone (Required)¹ Extension

Email (Required)

Mobile¹

Permissions (check only one)

Authorized Signer to Move Funds*

Read-Only Access

¹ A phone number that you can be reached at directly is required to receive the multi-factor authentication code via phone call. Mobile numbers can receive the code via phone call or text.

All contacts listed on an account will receive email notifications when transaction confirmation documents and monthly statements are available for download in the online portal.



Virginia Investment Pool
A Service of VML/VACo Finance

Accounts to be Established

Name of Public Entity: _____

VIP 1-3 Year High Quality Bond Fund¹

Desired Subaccount Name(s)²

e.g., '[Entity Name] Investment Account':

(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(s)²

e.g., '[Entity Name] Operating Funds':

(To be completed by Participant)

VIP Account Number

(To be assigned by VIP)

VA-01-_____

VA-01-_____

VA-01-_____

VA-01-_____

¹ 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.

² Subaccount names may not exceed 35 characters.

Once your VIP account has been established, you will receive a confirmation email with your login credentials from no-reply@virginiainvestmentpool.org. If you do not receive your login credentials within 48 business hours of submission, please first check your junk or spam folder before calling the VIP Client Service team.



Virginia Investment Pool
A Service of VML/VACO Finance

Dual Authorization Form (Optional)

Entity Name: _____

Please utilize this form to request dual authorization capabilities on your VIP account. Dual authorization ensures that any transaction entered via the VIP online transaction portal requires approval from a second Authorized Signer in order to be processed (internal transfers between subaccounts do not require dual authorization). **Note:** All Authorized Signers listed on the account can enter transactions and approve them (not only the user below).

Request to Add Dual Authorization

Dual authorization is hereby approved for _____ by the Authorized Signer below. Entity Name By approving dual authorization, the Authorized Signer acknowledges that transactions not approved by a second Authorized Signer by the 2:00 p.m. ET cutoff will not be processed. Please ensure transactions are entered in a timely manner and that other Authorized Signers are available to approve the transactions for processing. A courtesy email will be sent to Authorized Signers notifying them that an order is pending, waiting for dual authorization approval. However, receipt of the courtesy email is not required before approval may be provided.

Authorized Signer's Signature

Date

Printed Name

Title