



# ***Texas Connect Registration Packet***



# Texas Connect Participant Application



All accounts must be opened in the name of the participant and executed by a Certifying Officer.

If you need assistance in filling out this form, please contact Texas Connect at 866.877.2368.

Return completed form via:

Email: [requests@texas-connect.com](mailto:requests@texas-connect.com)

Fax: 512.886.2234

Mail: 6125 Memorial Drive, Dublin, OH 43017

**To open an account, this Participant Application must be accompanied by a Resolution Authorizing Participation in Texas Connect.**

**Account Registration**—The account should be registered as follows:

PARTICIPANT NAME

ACCOUNT TITLE

PARTICIPANT TYPE

ATTENTION OF

TAX ID OF PARTICIPANT

MAILING ADDRESS

COUNTY OF PARTICIPANT

EMAIL ADDRESS

TELEPHONE NUMBER

FAX (IF ANY)

## Bank Account Registration

**I would like to:** Add Delete **Type:** ACH Wire Both

Please note: ABA/Routing numbers may vary depending on transaction type. Please verify information below with your bank before submitting.

BANK NAME

REGISTERED NAME OF BANK ACCOUNT

BANK ABA/ROUTING NUMBER

BANK ACCOUNT NUMBER

FOR FURTHER CREDIT (WIRE TRANSACTIONS ONLY)

ADDRESS

CITY

STATE

ZIP CODE

Bank Account Type (select one): Checking Savings

Texas Connect requires a one business day hold on transactions initiated to a newly added bank account. In addition, there will be a five business day hold on all online transactions initiated to a newly added bank account. A verbal verification is required by an authorized signer for all requests to add a new bank payee.

**Authorized Signers**—The following named persons are authorized signatories of the Texas Connect participant, and any one of them (“Authorized Signer(s)”) is authorized to act with full power to purchase, transfer or redeem investments in Texas Connect on behalf of the participant and to execute and deliver any instrument necessary to effectuate the authority hereby conferred. The telephone number provided will be used to perform verbal confirmation of transaction requests. By signing below, the authorized signatories of the Texas Connect participant authorize Texas Connect and its service providers to act on all instructions provided on this form until such instructions are updated in writing using the designated form.

**Each account requires at least two (2) Authorized Signers.**

PRINTED NAME	SIGNATURE	Full Online Access View Only Online Access
TITLE	TELEPHONE NUMBER	EMAIL

PRINTED NAME	SIGNATURE	Full Online Access View Only Online Access
TITLE	TELEPHONE NUMBER	EMAIL

PRINTED NAME	SIGNATURE	Full Online Access View Only Online Access
TITLE	TELEPHONE NUMBER	EMAIL

PRINTED NAME	SIGNATURE	Full Online Access View Only Online Access
TITLE	TELEPHONE NUMBER	EMAIL

PRINTED NAME	SIGNATURE	Full Online Access View Only Online Access
TITLE	TELEPHONE NUMBER	EMAIL

If necessary, a View Only Online Access Form may be submitted with this Participant Application to establish or retain online access for users that are not authorized on the account.

**Participant Certification**—By executing this Participant Application, the undersigned Participant represents and warrants that it is a local government or state agency of the State of Texas with the full right, power, and authority to invest in Connect Investment Trust (d/b/a Texas Connect), a local government investment pool formed under the Public Funds Investment Act (the “Act”). In addition, on behalf of the Participant, the undersigned represents and warrants that: (i) it is the duly designated representative of the Participant as required by the First Amended and Restated Trust Agreement (the “Agreement”) and is authorized to sign this Participant Application; and (ii) its governing body has taken all actions required by Section 2256.016 of the Act for it participate in the Trust and be bound by the Agreement.

The undersigned participant further acknowledges that it has (i) received and reviewed the Agreement, the Investment Policy, and Information Statement (collectively, the “Participation Documents”); (ii) been afforded the opportunity to review the Participation Documents and this Participant Application with the Adviser of Texas Connect and the Participant’s legal, accounting, and tax advisors; (iii) received such advice as it deems necessary (legal or otherwise) to comprehend fully the information set forth in the Participation Documents and this Participant Application and (iv) agrees to receive transaction confirmations and monthly account statements electronically.

By signing this Participant Application, the undersigned, on behalf of the Participant, agrees that the Participant will become subject to the same obligations and shall have the same rights as if it had executed the Agreement.

The undersigned authorizes Texas Connect to honor online or telephonic instructions for requests received from the Participant consistent with the policies set forth in the Information Statement and believed by Texas Connect to be genuine. Texas Connect’s records of such instructions will be binding upon the Participant.

By signing this document, the signatory certifies that (1) he/she is in a supervisory or board governance position at the participant and duly authorized to be a Certifying Officer and (2) this document contains the current list of Authorized Signers.

---

SIGNATURE OF CERTIFYING OFFICER

PRINTED NAME OF CERTIFYING OFFICER

---

TITLE

DATE

---

**NOTARY PUBLIC (REQUIRED)**

This Certification is sworn to or affirmed and subscribed before me by the Certifying Officer, \_\_\_\_\_, on this day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Public Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Commission Expiration Date: \_\_\_\_\_

Note: The Notary Public may not be an Authorized Signer, a Certifying Officer or have any online access. The Notary Seal must be visible and in good order for the form to be processed.

**Notary Stamp/Seal (REQUIRED):**

Multiple forms must be submitted if the number of Authorized Signers or View Only Online Access users requested exceeds the space provided on this form. Texas Connect service providers may, without inquiry, act only upon the instruction of ANY PERSON(S) purporting to be (an) Authorized Signer(s) as named in the Certification form last received and shall not be liable for any claims, expenses (including legal fees), or losses resulting from having acted upon any instruction reasonably believed genuine. The document is in full force and effect until another duly executed form is received.



texas-connect.com | 866.877.2368

