Trustee Verification

Investing Cooperatively

Questions? Call 1-844-846-8642

Instructions: This document should be completed in addition to the GovMIC Trusteed Account Application when a Trustee is opening a Trusteeheld Account for the benefit of an Investor. Please have all three interested parties sign and date this document. Once completed, submit this form through Connect, or fax or mail this form to the fax number or address at the bottom of this page.

			GovMIC Account #:				
			(F	und Use Only)			
SCH	EDULE A DETAIL: (Please read, complete	e, sign and date this section.)					
A Tru	ustee-held Account should be opened ir	n GovMIC. The undersigned hereby acknowle	dge:				
1.	The Account is for the benefit of the f	following Investor:					
			(Enter the name of the GovMIC Investor.)				
2.	The undersigned reviewed, and are fa	ewed, and are familiar with, the relevant trust document. A copy of the first page of the trust document is attached.					
3.	Based on our review of the trust docu	ument, we have determined or confirmed tha	t:				
	a. The Fiduciary, Trustee, or Fiscal	Agent which has been appointed under the tr	ust document is:				
		(Fiduciary, Trustee or Fiscal Agent.)					
	 GovMIC is an authorized investor the Fund. 	nent under the trust document, and the Trust	ee is authorized to open the Account in the Fu	nd and to invest in			
4.		th respect to opening and closing the Accour	of the Investor, and the Trustee will be author nt, requesting changes to Account information				
Investor Authorized Signatory		Title	Signature	Date			
Trustee, Fiduciary, or Fiscal Agent		Title	Signature	Date			
FUN	ID USE ONLY:						
Gov	/MIC Representative	Title	Signature	Date			
REQ	UIRED DOCUMENTATION: (Please inc	clude the following <mark>required</mark> documents with this Sc	hedule A.)				
	New Investor Application ONLY FOR NEW INVESTORS)	Trusteed Account Application	Trust Document (A copy of the fire	rst page)			
• (Contact Record (New Contacts Only)	 Permissions 					

SEND VIA CONNECT: Log in to Account Access FAX TO: GovMIC Client Services Group MAIL TO: GovMIC Client Services Group Existing Connect Click ☑ Secure Contact 1-888-535-0120 P.O. Box 11760 Users Only Select file to upload - Send message Harrisburg, PA 17108	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	FAX TO:	GovMIC Client Services Group	MAIL TO:	GovMIC Client Services Group	
Users Only Select file to upload - Send message Harrisburg, PA 17108	Existing Connect	Click Secure Contact		1-888-535-0120		P.O. Box 11760	
	Users Only	Select file to upload - Send message				Harrisburg, PA 17108	

FUND USE ONLY			
V2022.10	INITIALS		
Processed			
Confirmed			