

MINNESOTA SCHOOL DISTRICT LIQUID ASSET FUND PLUS

Questions? Call 1-888-467-3523

Schedule A

<u>Instructions</u>: This document should be completed in addition to the **MSDLAF+ Trusteed Account Application** when a Trustee is opening a Trustee-held 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.

| | | | MSDLAF+ Account #: | | | |
|-------------------------------------|---|---|---|----------------|--|--|
| | | | (F | Fund Use Only) | | |
| SCH | EDULE A DETAIL: (Please read, complete | e, sign and date this section.) | | | | |
| \ Tr | ustee-held Account should be opened in | n MSDLAF+. The undersigned hereby acknow | ledge: | | | |
| 1. | The Account is for the benefit of the f | following Investor: | | | | |
| | (Enter the name of the MSDLAF+ Investor.) | | | | | |
| 2. | The undersigned reviewed, 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 | ased on our review of the trust document, we have determined or confirmed that: | | | | |
| | a. The Fiduciary, Trustee, or Fiscal | Agent which has been appointed under the tr | | | | |
| | b. MSDLAF+ is an authorized inves in the Fund. | tment under the trust document, and the Tru | (Fiduciary, Trustee or I ustee is authorized to open the Account in the | • | | |
| 4. | | th respect to opening and closing the Accou | 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 | | |
| =UN | ID USE ONLY: | | | | | |
| | | | | | | |
| MSDLAF+ Representative | | Title | Signature | Date | | |
| REC | UIRED DOCUMENTATION: (Please in | clude the following required documents with this So | thedule A.) | | | |
| | New Investor Application ONLY FOR NEW INVESTORS) | Trusteed Account Application | Trust Document (A copy of the fit | rst page) | | |
| Contact Record (New Contacts Only) | | Permissions | | | | |

| Any document containing sensitive information received by email will not be accepted. Please send by uploading through Connect, fax, or mail. | | | | | | |
|---|--------------------------------------|---------|-------------------------------|----------|-------------------------------|--|
| SEND VIA CONNECT: | og in to Account Access | FAX TO: | MSDLAF+ Client Services Group | MAIL TO: | MSDLAF+ 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 | |

| FUND U | FUND USE ONLY | | | | |
|-----------|----------------------|--|--|--|--|
| V2022.04 | INITIALS | | | | |
| Processed | | | | | |
| Confirmed | | | | | |