

# NYCLASS<sup>®</sup>

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**Registration Packet**

## Welcome to NYCLASS

Thank you for choosing NYCLASS!

This packet contains all the materials necessary to set up your NYCLASS account(s). If you have any questions about the registration process or about your NYCLASS account(s), please do not hesitate to contact us. The NYCLASS Client Service team can be reached any business day from 8:00 a.m. to 5:00 p.m. ET by phone at (855) 804-9980 or by email at [clientservices@newyorkclass.org](mailto:clientservices@newyorkclass.org).

NYCLASS is not a bank. An investment in NYCLASS is not insured or guaranteed by the Federal Deposit Insurance Corporation or any other government agency. Although NYCLASS seeks to preserve the value of your investment at \$1.00 per share, it cannot guarantee it will do so. Please read the applicable NYCLASS Information Statements carefully before making an investment decision. Many factors affect performance including changes in market conditions and interest rates and in response to other economic, political, or financial developments. Investment involves risk including the possible loss of principal. No assurance can be given that the performance objectives of a given strategy will be achieved. **Past performance is no guarantee of future results. Any financial and/or investment decision may incur losses.**

## Registration Procedures

**To join NYCLASS, please complete the following:**

1. Read the Municipal Cooperation Agreement (located in the Document Center at [www.newyorkclass.org](http://www.newyorkclass.org)).
2. Pass the resolution authorizing participation in NYCLASS (page 3).
3. Complete the Entity Registration (page 4).
4. Complete the Authorized Contacts Form (pages 5/6).
5. Complete the Accounts to be Established Form (page 7); you may open as many accounts as you wish.
6. Keep the original forms for your records and send the completed packet to the NYCLASS Client Service team by fax (855) 804-9981 or by email [clientservices@newyorkclass.org](mailto:clientservices@newyorkclass.org).

**Questions? Please contact us; we would love to hear from you:**

NYCLASS Client Service Team

T (855) 804-9980

[clientservices@newyorkclass.org](mailto:clientservices@newyorkclass.org)

Through the NYCLASS website, [www.newyorkclass.org](http://www.newyorkclass.org), Participants will be regularly informed of important program information, holidays, upcoming Board meetings, Participant events, conferences, and more. Governing Board meetings, which are open to the public, are generally held quarterly and discuss relevant issues to the governance and operations of the NYCLASS program.

## Municipal Cooperation Resolution

WHEREAS, New York General Municipal Law, Article 5-G, Section 119-o (Section 119-o) empowers municipal corporations [defined in Article 5-G, Section 119-n to include school districts, boards of cooperative educational services, counties, cities, towns and villages, and districts] to enter into, amend, cancel, and terminate agreements for the performance among themselves (or one for the other) of their respective functions, powers, and duties on a cooperative or contract basis;

WHEREAS the \_\_\_\_\_ wishes to invest portions of its available  
Entity Name  
investment funds in cooperation with other corporations and/or districts pursuant to the NYCLASS Municipal Cooperation Agreement Amended and Restated as of March 28, 2019;

WHEREAS the \_\_\_\_\_ wishes to satisfy the safety and liquidity  
Entity Name  
needs of their funds;

Now, therefore, it is hereby resolved as follows:

That \_\_\_\_\_, \_\_\_\_\_ of  
Contact Name Title  
\_\_\_\_\_ is hereby authorized to participate in the NYCLASS program under  
Entity Name  
the terms of the NYCLASS Municipal Cooperation Agreement Amended and Restated as of March 28, 2019.

\_\_\_\_\_  
Contact Signature

\_\_\_\_\_  
Title

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

\_\_\_\_\_  
Date

### Fund Registration

#### Entity Information

Entity Name (Participant) \_\_\_\_\_

Entity Type:            City/Town/Village            County            School District            Fire District  
                                  Other (Specify) \_\_\_\_\_

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

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

Physical Address (if different than above) \_\_\_\_\_

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

Tax ID \_\_\_\_\_ Fiscal Year End Date (Month/Day) \_\_\_\_\_

I authorize NYCLASS and its transfer agent and administrator to act on any instructions believed to be genuine for any service authorized on this form. I agree that NYCLASS, 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 I agree 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 local government is responsible for notifying the Trust of any changes to its account(s).

Wires will be distributed every hour with the final distribution ending at 12:00 p.m. ET; distribution times are subject to change as needed by the NYCLASS Administrator. Additionally, NYCLASS must be notified of any contributions by 12:00 p.m. ET to receive same day credit. **If funds are not received by 5:00 p.m. ET, contribution orders will be voided.**

#### Banking Information

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

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

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

Wire                            ACH                            Both

#### Additional Banking Information (Optional)

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

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

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

Wire                            ACH                            Both

\*If there will only be one Authorized Signer on the NYCLASS 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 Update banking/contact information Process transactions Receive account updates	Receive account updates Request "view-only" access to monthly statements and transaction confirmations

#### Key Contact\* and Authorized Signer

\_\_\_\_\_

Print First and Last Name

\_\_\_\_\_

**Signature Required**

\_\_\_\_\_

Email (Required)

\_\_\_\_\_

Title

\_\_\_\_\_

Phone (Required)

\_\_\_\_\_

Fax

#### Additional Contact (Optional) Note - NYCLASS strongly advises each participant to have multiple authorized signers to help prevent fraud

\_\_\_\_\_

Print First and Last Name

\_\_\_\_\_

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

\_\_\_\_\_

Email (Required)

\_\_\_\_\_

Title

\_\_\_\_\_

Phone (Required)

\_\_\_\_\_

Fax

- Permissions** (check only one)
- Authorized Signer to Move Funds\*
  - Read-Only Access

#### Additional Contact (Optional)

\_\_\_\_\_

Print First and Last Name

\_\_\_\_\_

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

\_\_\_\_\_

Email (Required)

\_\_\_\_\_

Title

\_\_\_\_\_

Phone (Required)

\_\_\_\_\_

Fax

- Permissions** (check only one)
- Authorized Signer to Move Funds\*
  - Read-Only Access

\*The key contact on an account is the main point of contact for an entity. They receive voting credentials for Governing Board elections and all other important communications.

### Authorized Contacts (cont.)

#### Additional Contact (Optional)

Print First and Last Name

Title

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

Phone (Required)

Email (Required)

Fax

#### 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)

Email (Required)

Fax

#### 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)

Email (Required)

Fax

#### Permissions (check only one)

- Authorized Signer to Move Funds\*
- Read-Only Access





## Dual Authorization Form

Entity Name: \_\_\_\_\_

Please utilize this form to request dual authorization capabilities on your NYCLASS account. Dual authorization ensures that any transaction entered via the NYCLASS 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 just the users below).

### Request to Add Dual Authorization

Dual authorization is hereby approved for \_\_\_\_\_ by the Authorized Signer below. By approving dual authorization, the Authorized Signer acknowledges that transactions not approved by the 12:00 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.

\_\_\_\_\_  
Authorized Signer's Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Title