

TexasTERM Client Services Group

1-800-252-9551

FAX TO:

EXHIBIT

NEW INVESTOR APPLICATION

Questions? Call 1-866-839-8376

<u>Instructions</u>: Complete this application to become a new investor in TexasTERM. This application must be included with all other required documentation and certifications in order to be accepted and processed by TexasTERM. Please fax or mail this completed application to your account representative at the fax number or address listed at the bottom of this application.

INVESTOR IN	IFORMATION: (All fields in	this section must contain	n Investor inf	ormation ONLY.)		
Investor Name: City of Round Rock					TIN #	74 - 6017	485
ilivestor ivallie.	(Name to appear on Pool records)				TIN # 74 - 6017485 (Taxpayer Identification Number)		
Legal Name:					Phone #:	(512) 218-3297	
(Name as filed with the IRS, if different from above)						(512) 219	5442
Street Address:	221 E Main Street Street Address (A P.O. Box is not acceptable)				Fax #:	(512) 218	5-3442
				78664	Entity Type:	City	
	City	S	itate	Zip	Littley 1 yper	(City, County, School	
Mailing Address:					Fiscal Year End:		
(If different from Street Address)	Mailing Address (If different from Street Address)				(Month and Day) Contact Name: Joan Sharp		
	City		State Zip		Contact Name:	Mr. ✓ Ms. Mrs.	
	,					_	
INVESTOR CERTIFICATION: (A representative of the Investor should read, complete, sign and date this section.)							
I. The undersigned represents and warrants that he/she has the full power and authority to make investments on behalf of the Investor listed above.							
II. The undersigned certifies that the Investor named on this application adopted or enacted the attached Ordinance/Resolution at a duly convened							
meeting of the governing body of the Investor held on the day of, 20, and that so							
Ordinance/Resolution is in full force and effect on the date of this application, and that such Ordinance/Resolution has not been modified, amended or rescinded since its adoption or enactment. (Please attach the Ordinance/Resolution to this document.)							
III. The undersigned further certifies that the Investor has received a copy of the Pool's Information Statement, and agrees that the Investor will be							
bound by the terms of such documents.							
IV. The establishment of an account is subject to acceptance by the Pool and is subject to the conditions under the provisions contained in the							
Information Statement.							
V. Under penalty of perjury, the undersigned below certifies that the tax identification number provided for this Investor is true, correct and complete.							
VI. The information, authorizations, and certifications set forth in or attached to this New Investor Application shall remain in full force and effect until							
the Pool receives written notification of change.							
$\mathcal{M}_{\mathcal{A}}$							
Seal:							
Authorized Signature Date Chief Financial Officer							
Susan Morgan Chief Financial Officer							
Print or Type N	ame of Authorized Signatory	Title/Posit	ION				
REQUIRED DOCUMENTATION: (Please include the following documents with this application.)							
• W-9 (Name on W-9 must match IRS records) • Ordinance/Resolution • Investment Policy							
POOL USE ONLY: (Please fax or mail this document to your account representative for their signature below.)							
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TexasTERM Account Representative Signature Date Principal Approval Signature Date							
Any document receive	d by email will not be accepted. Ple	ase send by fay or mail				POOL USE	ONLY

TexasTERM Client Services Group

Harrisburg, PA 17108-1760

P.O. Box 11760

MAIL TO:

V2014.10

Processed

Confirmed

DATE

INITIALS