



NEW INVESTOR APPLICATION

Questions? Call 1-800-570-7627

Instructions: Complete this application to become a new investor in SNAP. This application must be included with all other required documentation and certifications in order to be accepted and processed by the SNAP Client Services Group. Please fax or mail this completed application to your SNAP Representative at the fax number or address listed at the bottom of this application.

INVESTOR INFORMATION: (All fields in this section must contain Investor information ONLY.) CSGV2016.09

Investor Name: _____ (Name to appear on Program records) **Phone #:** _____

Legal Name: _____ (Name as filed with the IRS, if different from above) **Fax #:** _____

Mailing Address: _____ **Fiscal Year End:** _____ (Month and Day)

Street Address (Use legal address if street address is P.O. Box)

City State Zip County

Contact Name: _____
Mr. Ms. Mrs.

TAXPAYER IDENTIFICATION NUMBER (TIN):

Note: If the information required by this section is not provided, the current IRS Backup Withholding Rate of taxable dividends, capital gains and proceeds of redemptions and exchanges will be imposed under federal tax regulations.

TIN : _____ **Form of Organization:** _____
(Taxpayer Identification Number) (e.g., Political Subdivision, 501(c)(3) organization, etc.)

Tax Status: I have not been notified by the IRS that I am currently subject to Backup Withholding.
I am an exempt recipient.
I am neither a citizen nor a resident of the United States.

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 entity listed above. The undersigned represents that the assets being invested in the SNAP Fund are not subject to any restrictions under an indenture or other agreement that prohibits investment in the selected portfolio, and that the monies being invested are of a type authorized for this investment as described in the applicable Information Statement.
- II. The undersigned certifies that the Entity named on this application adopted or enacted the attached **Resolution/Ordinance** at a duly convened meeting of the governing body of the Entity held on the _____ day of _____, 20____, and that such 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force and effect on the date of this application, and that such Ordinance/Resolution has not been modified, amended or rescinded since its adoption or enactment.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 Resolution/Ordinance to this document.)
- III. The establishment of an account is subject to acceptance by the Program and is subject to the conditions under and other provisions contained in the Information Statement. The undersigned certifies that the Entity has received a copy of the Information Statement and agrees that it will be bound by the terms of such document.
- IV. Any checking account opened through the Program is subject to the rules, regulations and procedures of the Depository.
- V. Under penalty of perjury, the undersigned below certifies that the tax identification number provided for this entity 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 Program receives written notification of change.

Authorized Signature Date

Print or Type Name of Authorized Signatory Title/Position

REQUIRED DOCUMENTATION: (Please include the following documents with this application.)

- W-9 (Name on W-9 must match IRS records)
- Resolution/Certification of Authorization

PROGRAM USE ONLY: (Please fax or mail this document to your SNAP Representative for their signature below.)

SNAP Representative Signature Date

Principal Approval Signature Date

Any document received by email will not be accepted. Please send by fax or mail.

FAX TO: SNAP Client Services Group 1-888-535-0120	MAIL TO: SNAP Client Services Group P.O. Box 11760 Harrisburg, PA 17108-1760
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PROGRAM USE ONLY		
V2016.09	DATE	INITIALS
Processed		
Confirmed		