



Questions? Call 1-800-570-7627

TRUSTEE VERIFICATION

SCHEDULE B

Instructions: This document should be completed in addition to a *Trusteed Account Application* when a Trustee is opening an account for the benefit of an Investor. Please have the three interested parties identified below sign and date this document. Once completed, please fax or mail this document to your SNAP Representative at the fax number or address listed at the bottom of this page.

SNAP ACCOUNT #: _____
(Program Use Only)

SCHEDULE B DETAIL: (Please read, complete, sign and date this section.)

The undersigned hereby acknowledge:

1. A Trusteed account should be opened in the following Program: VIRGINIA STATE NON-ARBITRAGE PROGRAM (SNAP)
2. The account is for the benefit of the following Investor: _____
(Enter the name of the Investor.)
3. The undersigned reviewed, and are familiar with, the relevant trust document. A copy of the first page of the trust document is attached.
4. Based on our review of the trust document, we have determined or confirmed that:
 - a. The Fiduciary, Trustee, or Fiscal Agent appointed and serving under the trust document is: _____
(Fiduciary, Trustee or Fiscal Agent.)
 - b. The Program is an authorized investment under the trust document, and the Trustee is authorized to open the account in the Program and to invest in the Program.
5. The account will be opened and held in the name of the Trustee for the benefit of the Investor, and the Trustee will be authorized, among other things, to give the Program direction with respect to opening and closing the account, requesting changes to account information and initiating the purchase and redemption of Program shares.

Program Investor Authorized Signatory	Title	Signature	Date
Trustee, Fiduciary, or Fiscal Agent	Title	Signature	Date

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

SNAP Representative	Title	Signature	Date
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REQUIRED DOCUMENTATION: (Please include the following documents with this Schedule B.)

- New Investor Application (ONLY FOR NEW INVESTORS)
- Trusteed Account Application
- Trust Document (A copy of the first page)
- Contact Record
- Permissions

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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V2015.11	DATE	INITIALS
Processed		
Confirmed		