

NYCLASS[®]



Registration Packet

2018

Welcome to NYCLASS

We believe you have made a sound financial decision in choosing the New York Cooperative Liquid Assets Securities System (NYCLASS). We look forward to being your trusted provider and are excited to connect with you to make your investment process a positive, easy experience.

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.

Thank you for choosing NYCLASS!

Sincerely,

The NYCLASS Governing Board

Joining NYCLASS

To join the NYCLASS program, Participants must approve the NYCLASS Municipal Cooperation Agreement by a majority vote of their governing body. Once the Lead Participant has received and, through the Program Administrator, processed the fully executed Municipal Cooperation Agreement and Authorizing Resolution, the Custodian will be notified and participation can begin.

A representative of the Program Administrator will then assist the new Participant to establish account access and inform them of the program's contribution, withdrawal, and transfer procedures. The Administrator will also provide bank instructions and answer any additional questions.

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

Registration Procedures

To join NYCLASS, please complete the following:

- 1) Read the Municipal Cooperation Agreement (A copy can be found in the Document Center at www.newyorkclass.org).
- 2) Pass the resolution authorizing participation in NYCLASS (page 4).
- 3) Complete the Entity Registration (page 5).
- 4) Complete the Authorized Contacts Form (pages 6/7).
- 5) Complete the Account to be Established Form; you may open as many accounts as you wish (page 8).
- 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.

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

NYCLASS Client Service Team
T (855) 804-9980
clientservices@newyorkclass.org

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 _____ (entity name) wishes to invest portions of its available investments funds in cooperation with other corporations and/or districts pursuant to the NYCLASS Municipal Cooperation Agreement Amended and Restated as of March 14, 2014;

WHEREAS the _____ (entity name) wishes to assure the safety and liquidity of its funds;

Now, therefore, it is hereby resolved as follows:

That _____ (key contact name) is hereby authorized to execute and deliver the NYCLASS Municipal Cooperation Agreement Amended and Restated as of March 14, 2014 in the name of and on behalf of _____ (entity name).

Key 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 _____

Tax ID _____

NYCLASS is hereby authorized to honor any telephoned, faxed, or electronic request believed to be authentic for withdrawal of funds from the pool. The 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 pool of any changes to its account.

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

Authorized Contacts

Key Contact and Authorized Signer

Mr. Ms. _____ Print First and Last Name	_____
_____	_____
Signature Required	Phone
_____	_____
Email	Fax

Permissions (must check one)

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

Email Notifications

- Monthly Statements
- Transaction Confirmations

Online Account

- Online User Access

Additional Contact (Optional)

Mr. Ms. _____ Print First and Last Name	_____
_____	_____
*(Signature Required if Authorized Signer)	Phone
_____	_____
Email	Fax

Permissions (must check one)

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

Email Notifications

- Monthly Statements
- Transaction Confirmations

Online Account

- Online User Access

Additional Contact (Optional)

Mr. Ms. _____ Print First and Last Name	_____
_____	_____
*(Signature Required if Authorized Signer)	Phone
_____	_____
Email	Fax

Permissions (must check one)

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

Email Notifications

- Monthly Statements
- Transaction Confirmations

Online Account

- Online User Access

Authorized Contacts (cont.)

Additional Contact (Optional)

Mr. Ms. _____
Print First and Last Name Title _____

*(Signature Required if Authorized Signer) Phone _____

Email Fax _____

Permissions (must check one)

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

Email Notifications

- Monthly Statements
- Transaction Confirmations

Online Account

- Online User Access

Additional Contact (Optional)

Mr. Ms. _____
Print First and Last Name Title _____

*(Signature Required if Authorized Signer) Phone _____

Email Fax _____

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Permissions (must check one)

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Email Notifications

- Monthly Statements
- Transaction Confirmations

Online Account

- Online User Access

Accounts to be Established

Entity Name: _____

Desired Subaccount Name(s)*:
(To be completed by Participant)

*Name must be limited to 30 characters.