

# NYCLASS<sup>®</sup>

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**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](mailto: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](http://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](http://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](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)

## 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      Special District  
Other (Specify) \_\_\_\_\_

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

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

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

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	_____
_____	Title
Signature Required	_____
_____	Phone
Email	_____
_____	Fax

#### 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

#### 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

#### 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

**Permissions (must check one)**

- Authorized Signer to Move Funds\*
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**Email Notifications**

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**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



**Accounts to be Established**

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

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

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\*Name must be limited to 30 characters.