

NYCLASS[®]



Registration Packet

Welcome to NYCLASS

We believe you have made a sound financial decision in choosing 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!

Registration Procedures

To join NYCLASS, please complete the following:

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

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

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 _____ wishes to invest portions of its available
Entity Name
investment funds in cooperation with other corporations and/or districts pursuant to the NYCLASS Municipal Cooperation Agreement Amended and Restated as of March 28, 2019;

WHEREAS the _____ wishes to satisfy the safety and liquidity
Entity Name
needs of their funds;

Now, therefore, it is hereby resolved as follows:

That _____, _____ of
Key Contact* Title
_____ is hereby authorized to participate in the NYCLASS program under
Entity Name
the terms of the NYCLASS Municipal Cooperation Agreement Amended and Restated as of March 28, 2019.

Key Contact Signature

Title

Printed Name

Date

*The key contact on an account is the main point of contact for an entity. They receive voting credentials for Governing Board elections and all other important communications.

Fund Registration

Entity Information

Entity Name (Participant) _____

Entity Type: City/Town/Village County School District Fire District
Other (Specify) _____

Mailing Address _____

City _____ Zip _____ County _____

Physical Address (if different than above) _____

City _____ Zip _____ County _____

Tax ID _____ Fiscal Year End Date (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.

Wires are generally distributed between 12:00 and 1:00 p.m. ET; distribution times are subject to change as needed by the NYCLASS Administrator.

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

Authorized Signers Can	Read-Only Users Can
Approve changes to the Investor Profile	Receive account updates
Update banking/contact information	Request "view-only" access to monthly statements and transaction confirmations
Transfer funds	
Receive account updates	

Key Contact and Authorized Signer

Print First and Last Name

Title

Signature Required

Phone

Email

Fax

Email Notifications

- Monthly Statements
- Transaction Confirmations

Online Account (email required)

- Online User Access

Additional Contact (Optional)

Print First and Last Name

Title

***(Signature Required if Authorized Signer)**

Phone

Email

Fax

Permissions (check one only)

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

Email Notifications

- Monthly Statements
- Transaction Confirmations

Online Account (email required)

- Online User Access

Additional Contact (Optional)

Print First and Last Name

Title

***(Signature Required if Authorized Signer)**

Phone

Email

Fax

Permissions (check one only)

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

Email Notifications

- Monthly Statements
- Transaction Confirmations

Online Account (email required)

- Online User Access

Authorized Contacts (cont.)

Additional Contact (Optional)

Print First and Last Name

Title

***(Signature Required if Authorized Signer)**

Phone

Email

Fax

Permissions (check one only)

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

Email Notifications

- Monthly Statements
- Transaction Confirmations

Online Account (email required)

- Online User Access

Additional Contact (Optional)

Print First and Last Name

Title

***(Signature Required if Authorized Signer)**

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How did you hear about NYCLASS?

NYCLASS Representative: _____

Referral by: _____

NYCLASS Website

Email Marketing

Google Search

Other: _____

Internal Use Only:

Date: _____ Investor ID: _____