



Trusted Account Application

Questions? Call 1-866-839-8376

Instructions: Use this application to open an Account with the Texas Range controlled by a Trustee. If this is the Entity's first Account in Texas Range, you must include a completed **Texas Range New Investor Application** for this form to be processed. Submit this form through Connect, or fax or mail this form to the fax number or address at the bottom of the page. The new Account will be opened and available to receive deposits after all completed documentation and signatures have been reviewed and accepted.

Texas Range Account #: _____
(Program Use Only)

INVESTOR INFORMATION: (Please complete all fields in this section.)

Investor Name: _____ TIN: _____
(Name that appears on Program records) (Taxpayer Identification Number)

Account Title: _____
(New Account name to display on Program records and statements)

Is this Account being set up for bond proceeds? Yes No

Pay dividends by reinvestment in: This Account Other Texas Range Account: _____
(Account Number or Account Name)

TRUSTEE INFORMATION: (All fields in this section must contain Trustee information ONLY.)

Trustee Name: _____

Trustee Contact: _____ Contact Title: _____

Email Address: _____ Phone #: _____ Fax #: _____

Note: The Investor MUST receive a statement for this Account. Please add a Contact from the Investor as a statement recipient in the Contact Permissions section below.

INVESTMENT OPTIONS: (Please select the investment option(s) that your Entity may invest in.)

As a Contact authorized to make investment decisions for the Entity listed above, I certify that the selected investments below are permitted investments for the funds to be invested.

TexasDAILY Portfolio TexasDAILY Select Portfolio TexasTERM Portfolio

SERVICES: (Please select the services that your Entity is interested in. A representative from the Client Services Group will contact you to discuss.)

ACH Purchase/Redemption Wire Purchase/Redemption

Note: If a wire/ACH banking instruction is not established for this Account and the monies invested must be distributed to the Entity listed above, the Program reserves the right to distribute this Account's balance and any accrued dividend via check. Should such an event occur, the check will be sent to the Investor's address on record.

CONTACT PERMISSIONS: (Please complete the information below to add each Contact's permissions for this Account.)

1. CONTACT INFORMATION: (Contact must be previously established with the Program)	CONTACT PERMISSIONS: (Please select all permissions that apply)
Contact Name: _____ First and Last Name (Print)	For the new Program Account being established, this Contact may: View Account information. Initiate transactions. Open and close Accounts. Change banking instructions and Account information. Assign permissions to and establish other Contacts. Receive electronic statements. Receive paper statements. *Contact must be on record. All new Contacts must complete a Contact Record form.
Mailing Address: _____ Agency Name (If Applicable)	
_____ Address	
_____ City State Zip	

2. CONTACT INFORMATION: (Contact must be previously established with the Program)	CONTACT PERMISSIONS: (Please select all permissions that apply)
Contact Name: _____ First and Last Name (Print)	For the new Program Account being established, this Contact may: View Account information. Initiate transactions. Open and close Accounts. Change banking instructions and Account information. Assign permissions to and establish other Contacts. Receive electronic statements. Receive paper statements. *Contact must be on record. All new Contacts must complete a Contact Record form.
Mailing Address: _____ Agency Name (If Applicable)	
_____ Address	
_____ City State Zip	



(New Account name to display on Program records and statements)

(Taxpayer Identification Number)

3. CONTACT INFORMATION: (Contact must be previously established with the Program) CONTACT PERMISSIONS: (Please select all permissions that apply)

Contact Name: Mailing Address: Agency Name (If Applicable) Address City State Zip For the new Program Account being established, this Contact may: View Account information. Initiate transactions. Open and close Accounts. Change banking instructions and Account information. Assign permissions to and establish other Contacts. Receive electronic statements. Receive paper statements. *Contact must be on record. All new Contacts must complete a Contact Record form.

4. CONTACT INFORMATION: (Contact must be previously established with the Program) CONTACT PERMISSIONS: (Please select all permissions that apply)

Contact Name: Mailing Address: Agency Name (If Applicable) Address City State Zip For the new Program Account being established, this Contact may: View Account information. Initiate transactions. Open and close Accounts. Change banking instructions and Account information. Assign permissions to and establish other Contacts. Receive electronic statements. Receive paper statements. *Contact must be on record. All new Contacts must complete a Contact Record form.

5. CONTACT INFORMATION: (Contact must be previously established with the Program) CONTACT PERMISSIONS: (Please select all permissions that apply)

Contact Name: Mailing Address: Agency Name (If Applicable) Address City State Zip For the new Program Account being established, this Contact may: View Account information. Initiate transactions. Open and close Accounts. Change banking instructions and Account information. Assign permissions to and establish other Contacts. Receive electronic statements. Receive paper statements. *Contact must be on record. All new Contacts must complete a Contact Record form.

REQUIRED DOCUMENTATION: (In addition to this form, the following documents are required.)

- Trustee Verification (Schedule A) Trust Document (a copy of the first page)

OPTIONAL DOCUMENTATION: (In addition to this form, the following documents are optional.)

- Contact Record (New Contacts Only) ACH Setup Instructions Wire Setup Instructions

CERTIFICATION and SIGNATURE: (Please have a Contact per Program records who is authorized to open new Accounts sign below.)

The Contact signing below has full authorization to open this Account on behalf of the Investor listed above and is an authorized representative of the Trustee listed above. The Program reserves the right to request proof of authority in the form of election certification, board minutes, resolutions, fiduciary trusts agreement, etc. when opening Accounts and assigning permissions with the Program. It is the sole responsibility of the Investor to promptly notify Texas Range of any changes to authorized Contacts.

Print or Type Name of Authorized Signatory Title/Position Authorized Signature Date

PROGRAM USE ONLY:

Texas Range Representative Signature Date Principal Approval Signature Date

Any document containing sensitive information received by email will not be accepted. Please send by uploading through Connect, fax, or mail.

SEND VIA CONNECT: Existing Connect Users Only Log in to Account Access Click Secure Contact Select file to upload - Send message FAX TO: Texas Range Client Services Group 1-800-252-9551 MAIL TO: Texas Range Client Services Group P.O. Box 11760 Harrisburg, PA 17108-1760

Table with columns: PROGRAM USE ONLY, V2022.04, INITIALS, Processed, Confirmed



Addendum to Trusteed Account Application

Questions? Call 1-866-839-8376

(New Account name to display on Program records and statements)

(Taxpayer Identification Number)

Instructions: Complete this form to add additional Contact's permissions for this Account. If this addendum is needed, it must accompany the Trusteed Account Application.

6.	CONTACT INFORMATION: (Contact must be previously established with the Program)	CONTACT PERMISSIONS: (Please select all permissions that apply)
	<p>Contact Name: _____ First and Last Name (Print)</p> <p>Mailing Address: _____ Agency Name (If Applicable)</p> <p>_____ Address _____</p> <p>_____ City _____ State _____ Zip _____</p>	<p>For the new Program Account being established, this Contact may:</p> <ul style="list-style-type: none"> View Account information. Initiate transactions. Open and close Accounts. Change banking instructions and Account information. Assign permissions to and establish other Contacts. Receive electronic statements. Receive paper statements. <p><i>*Contact must be on record. All new Contacts must complete a Contact Record form.</i></p>
7.	CONTACT INFORMATION: (Contact must be previously established with the Program)	CONTACT PERMISSIONS: (Please select all permissions that apply)
	<p>Contact Name: _____ First and Last Name (Print)</p> <p>Mailing Address: _____ Agency Name (If Applicable)</p> <p>_____ Address _____</p> <p>_____ City _____ State _____ Zip _____</p>	<p>For the new Program Account being established, this Contact may:</p> <ul style="list-style-type: none"> View Account information. Initiate transactions. Open and close Accounts. Change banking instructions and Account information. Assign permissions to and establish other Contacts. Receive electronic statements. Receive paper statements. <p><i>*Contact must be on record. All new Contacts must complete a Contact Record form.</i></p>
8.	CONTACT INFORMATION: (Contact must be previously established with the Program)	CONTACT PERMISSIONS: (Please select all permissions that apply)
	<p>Contact Name: _____ First and Last Name (Print)</p> <p>Mailing Address: _____ Agency Name (If Applicable)</p> <p>_____ Address _____</p> <p>_____ City _____ State _____ Zip _____</p>	<p>For the new Program Account being established, this Contact may:</p> <ul style="list-style-type: none"> View Account information. Initiate transactions. Open and close Accounts. Change banking instructions and Account information. Assign permissions to and establish other Contacts. Receive electronic statements. Receive paper statements. <p><i>*Contact must be on record. All new Contacts must complete a Contact Record form.</i></p>
9.	CONTACT INFORMATION: (Contact must be previously established with the Program)	CONTACT PERMISSIONS: (Please select all permissions that apply)
	<p>Contact Name: _____ First and Last Name (Print)</p> <p>Mailing Address: _____ Agency Name (If Applicable)</p> <p>_____ Address _____</p> <p>_____ City _____ State _____ Zip _____</p>	<p>For the new Program Account being established, this Contact may:</p> <ul style="list-style-type: none"> View Account information. Initiate transactions. Open and close Accounts. Change banking instructions and Account information. Assign permissions to and establish other Contacts. Receive electronic statements. Receive paper statements. <p><i>*Contact must be on record. All new Contacts must complete a Contact Record form.</i></p>
10.	CONTACT INFORMATION: (Contact must be previously established with the Program)	CONTACT PERMISSIONS: (Please select all permissions that apply)
	<p>Contact Name: _____ First and Last Name (Print)</p> <p>Mailing Address: _____ Agency Name (If Applicable)</p> <p>_____ Address _____</p> <p>_____ City _____ State _____ Zip _____</p>	<p>For the new Program Account being established, this Contact may:</p> <ul style="list-style-type: none"> View Account information. Initiate transactions. Open and close Accounts. Change banking instructions and Account information. Assign permissions to and establish other Contacts. Receive electronic statements. Receive paper statements. <p><i>*Contact must be on record. All new Contacts must complete a Contact Record form.</i></p>

Any document containing sensitive information received by email will not be accepted. Please send by uploading through Connect, fax, or mail.

SEND VIA CONNECT: Log in to Account Access
Existing Connect Click Secure Contact
Users Only Select file to upload - Send message

FAX TO: Texas Range Client Services Group
1-800-252-9551

MAIL TO: Texas Range Client Services Group
P.O. Box 11760
Harrisburg, PA 17108-1760

PROGRAM USE ONLY

V2022.04	INITIALS
Processed	
Confirmed	