



NY MuniTrust[®]
100% NEW YORK

ENROLLMENT PACKET

OCTOBER 2023



Welcome to NY MuniTrust®

Thank you for choosing the NY MuniTrust Cooperative Investment Pool.

We are pleased to offer two competitive short-term, highly liquid investment funds for your operational and excess cash needs. The Pool and its investment funds are professionally managed and serviced by affiliates of BNY Mellon, one of the largest and oldest institutions headquartered in the state of New York. We are excited to partner with you and will deliver a streamlined process that seeks to maximize liquidity while providing competitive rates of return.

The enrollment packet includes the documents needed to set up your NY MuniTrust fund account(s). If you have any questions about the enrollment process or about your NY MuniTrust account(s), please contact BNY Mellon Institutional Services at 1 (833) NYS-MUNI or by email at: LGIPService@bnymellon.com.

Investors should read the NY MuniTrust Information Statement carefully before investing. Investors should consider the investment objectives, risks, charges, and expenses associated with this or any security prior to investing. Investment in NY MuniTrust is not insured or guaranteed by the Federal Deposit Insurance Corporation (FDIC) or any other government agency, and although NY MuniTrust seeks to preserve the value of the investment at a fixed share price, it is possible to lose money by investing in NY MuniTrust.

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Not FDIC Insured. Not Bank Guaranteed. May Lose Value.

For New York Municipal Institutional Investors Only. | Not For Use with Retail Investors.



Enrollment Procedures

To join NY MuniTrust®, please complete the following:

1. Read the NY Municipal Trust Cooperation Agreement, Orange County as Lead Participant, and Information Statement on the NY MuniTrust website at www.nymunitrust.com.
2. Complete and sign the Municipal Cooperative Authorizing Resolution executing your participation in this Municipal Cooperative Agreement.
3. Complete and sign the NY MuniTrust Local Government Investment Pool (LGIP) New Account Application.
4. Provide Government issued documentation certifying existence of the entity (for example: Charter, Articles of Incorporation of the County, Town or Village; Audited Financial Statements).
5. Email the completed NY MuniTrust Authorizing Resolution Form and the NY MuniTrust Application to BNY Mellon Institutional Services at LGIPService@bnymellon.com.
6. Upon receipt, BNY Mellon Institutional Services will provide a secure email confirmation with your new fund account number(s), BNY Mellon Active Advisor web portal credentials, navigation and trade guides. Note: If you do not receive your account number(s) or Web Portal credentials within 3-5 business days, please check your junk/spam folder before calling BNY Mellon Institutional Services at 1 (833) NYS-MUNI.
7. When ready to invest, please visit the NY MuniTrust website for access to the Active Advisor web portal to place your initial subscription trade orders for your new fund account(s).
8. Trade orders and payment for subscription order(s) must be received by The Bank of New York Mellon by 12:00 p.m. ET. Subscription monies (via Fed wire or ACH) must be sent to:

The Bank of New York Mellon
225 Liberty Street, New York, NY 10286
ABA Number: 011001234
DDA Number: 0000639230
DDA Name: BNY Mellon Investment Servicing (U.S.) Inc. as Agent FBO LGIP-NY Municipal Trust
FFC: Name of Fund, Account Number(s) (4-digit fund code, 10-digit account number) and Trade Date

9. Please access the NY MuniTrust website (www.nymunitrust.com) for information about the Municipal Cooperative Pool, fund yields, monthly performance fact sheets, holiday trading schedule, audited annual statements, and access to Active Advisor.

For enrollment or servicing inquiries, please contact:

BNY Mellon Institutional Services at 1 (833) NYS-MUNI or email us at LGIPService@bnymellon.com, Monday-Friday from 8:30 a.m. – 5:00 p.m. ET

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Municipal Cooperative Authorizing Resolution Form

WHEREAS, New York General Municipal Law, Article 5-G, Section 119-o (Section 119-o) and Article 3-A, empowers municipal corporations (school districts, Boards of Cooperative Educational services, counties, cities, towns, villages, and special districts, including fire 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 _____ [Municipal Corporation] wishes to invest portions of its available funds in cooperation with other municipal corporations pursuant to the Municipal Cooperation Agreement dated as of February 1, 2022 (the "Agreement") by and among Orange County and the participants thereto, which is herein incorporated by reference;

WHEREAS the _____ [Municipal Corporation] wishes to satisfy the safety and liquidity needs of their funds while optimizing rates of return;

Now, therefore, it is hereby resolved as follows:

That _____ [Key Contact* Title] of _____ [Municipal Corporation] is hereby authorized to participate in the NY MuniTrust® program under the terms of the Agreement.

Key Contact Signature

Title

Printed Name

Date

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

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NY MuniTrust® Local Government Investment Pool New Account Application

This account application is for use by local government entities. If you need assistance completing this application, please call us toll free at **1 (833) NYS-MUNI**, option 1.

1. Participant Information

Name of Participant (limited to 35 characters)

Entity Type: County Please check box to affirm that County Investment Policy Statement conforms with NY General Municipal Law, Section 11

City/Town/Village School District Fire District

Other (Please specify) _____

Physical Address _____ City _____ Zip Code _____ County _____

Mailing Address (if different from above) _____ City _____ Zip Code _____ County _____

Tax ID _____

2. Accounts to be Established

A. General Account: To be registered in the Participant name entered in section 1. Please select fund(s):

NY MuniTrust Excelsior Fund (4701): Counties Only

NY MuniTrust Empire Fund (4702): All municipal corporations

B. Additional Accounts to be Established (if necessary)

Please list sub-accounts to be established and select fund(s) for each sub-account (limited to 35 characters)

_____ NY MuniTrust Excelsior Fund (4701)
_____ NY MuniTrust Empire Fund (4702)

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_____ NY MuniTrust Empire Fund (4702)

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_____ NY MuniTrust Empire Fund (4702)

_____	<input type="checkbox"/> NY MuniTrust Excelsior Fund (4701)
_____	<input type="checkbox"/> NY MuniTrust Empire Fund (4702)
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_____	<input type="checkbox"/> NY MuniTrust Empire Fund (4702)
_____	<input type="checkbox"/> NY MuniTrust Excelsior Fund (4701)
_____	<input type="checkbox"/> NY MuniTrust Empire Fund (4702)

3. Banking Instructions:

_____	_____
Name of Bank	ABA#

Address of Bank	

_____	_____
Account Name	Account #

Client Address on Bank Account (if different than physical mailing address above)	

_____	_____
For Further Credit Account Name	For Further Credit Account #

4. Authorized Person(s) and BNY Mellon Active Advisor Access

Inquiry	Trader	Signer
Inquiry allows Active Advisor access to view account information only.	Trader has Active Advisor inquiry and trading access to process, modify or cancel transactions.	Signer has Active Advisor inquiry and trading access in addition to authorization to initiate, modify and/or change account information, authorized person(s)/signer(s), taxpayer identification number, dividend options, banking/ACH instructions, process, modify and/or cancel transactions.

4.1. Authorized Person (please select one access type)

Inquiry **Trader** **Signer**

First Name Middle Initial Last Name Date of Birth

Title City State

Phone Number Email Address (group email addresses are not accepted)

Specimen Signature

4.2. Authorized Person (please select one access type)

Inquiry **Trader** **Signer**

First Name Middle Initial Last Name Date of Birth

Title City State

Phone Number Email Address (group email addresses are not accepted)

Specimen Signature

4.3. Authorized Person (please select one access type)

Inquiry **Trader** **Signer**

First Name Middle Initial Last Name Date of Birth

Title City State

Phone Number Email Address (group email addresses are not accepted)

Specimen Signature

4. Authorized Person (please select one access type)

Inquiry Trader Signer

First Name	Middle Initial	Last Name	Date of Birth
Title		City	State
Phone Number	Email Address (group email addresses are not accepted)		
Specimen Signature			

Please provide a list of additional Directors / Control Person(s). These persons would be positioned to make or influence decision making on behalf of the entity.

<u>Name</u>	<u>City and State</u>
_____	_____
_____	_____
_____	_____
_____	_____

5. Authorized Persons and Signers - please read carefully and sign:

By the execution of this account application, the Participant: (i) represents and warrants that the designated Authorized Person(s) listed below has full right, power and authority to make the investment(s) by telephone, in writing or through the Active Advisor web portal (as designated by the LGIP), as designated authorized persons pursuant to this application; (ii) agrees that each of the above named Funds, BNY Mellon Investment Servicing (US), Inc. (the Transfer Agent), Dreyfus, a division of Mellon Investments Corporation (the Adviser), BNY Mellon Securities Corporation (the Distributor), The Bank of New York Mellon (the Custodian) and any subsidiary or affiliate thereof, and the respective officers, directors, trustees, employees and agents of each of the foregoing, shall not be liable for, and shall be indemnified and held harmless by the Participant from and against, any loss, damage, expense or cost (including but not limited to attorneys' fees) for acting upon any instructions or inquiries believed genuine; (iii) represents and warrants that it is duly authorized to sign this application and to purchase or redeem shares of the named Fund(s) for the account; and (iv) affirms that it has received a current Information Statement of the named Fund(s).

The Participant acknowledges that the NY MuniTrust Local Government Investment Pool is not FDIC-insured. The Fund(s) are not bank deposits, bank obligations or bank guaranteed. They pose investment risks, including the possible loss of principal.

Taxpayer Identification Number Certification: Under the penalties of perjury, the Institution certifies that [1] Taxpayer Identification Number shown in Section 1 of this application is its correct Taxpayer Identification Number, [2] it is not subject to backup withholding either because: (a) it is exempt from backup withholding, or (b) it has not been notified that it is subject to backup withholding as a result of a failure to report all dividends, or the Internal Revenue Service (IRS) has notified it that it is no longer subject to backup withholding, [3] it is a U.S. person (including a U.S. resident alien) and [4] the Foreign Account Tax Compliance Act (FATCA) code(s) entered on this form (if any) indicating that the Institution is exempt from FATCA reporting is (are) correct. If you are exempt from FATCA reporting (if you are unsure, consult your tax advisor or the IRS), enter your exemption from FATCA reporting code (if any) here: _____ . NOTE: Strike out item [2] if the Institution has been notified that it is subject to backup withholding by the IRS and has not received a notice from the IRS advising that backup withholding has been terminated.

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

PLEASE SIGN HERE:

By: _____ Authorized Key Contact/Board Chairperson/Chief Fiscal Officer	By: _____ Second Authorized Key Contact/Board Chairperson/Chief Fiscal Officer (if applicable)
Print Name	Print Name
Title	Title
Date	Date
Date of Birth	Date of Birth
City and State of Residence	City and State of Residence

6. Political/Military Officials

Please indicate if any authorized persons (related party*) is either a senior military, government or political official in the U.S. or any other country or jurisdiction, or is closely associated with such official or an immediate family member of such official (such as self, spouse, parents, siblings, children, and in-laws):

Yes No

If yes, please provide name of official, office held, and country

Name	Office	Country
Name	Office	Country
Name	Office	Country

*A related party can be an Authorized Key Contact, Board Chairperson or Chief Fiscal Officer as listed in Section 5.

7. three+one® Balance and Transaction Data Authorization*

Please check the box below to authorize BNY Mellon Investment Servicing (US), Inc. to send Participant account information, as outlined below, to three+one, a liquidity service provider.

Authorization to send balance and transaction data to three+one: Participant/Authorized Person authorizes and agrees to allow the transmission of the aggregated balance and transaction data, identical to that of a monthly account statement, to be sent via secure file transfer protocol (SFTP) to three+one to facilitate monthly, quarterly, or periodic data and liquidity analyses. three+one will comply with privacy and security obligations under applicable laws regarding data collection, use, transfer, storage, protection, disposal, or disclosure.

*If you are not currently a three+one customer and are interested in their services, please call: 1 (585) 484-0311.

Please provide your three+one client code: _____

Customer Identification Program Notice Important Information About Procedures for Opening a New Account

USA PATRIOT Act, Bank Secrecy Act, and Anti-Money Laundering

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each individual or entity that opens an account. What this means for you: When you open an account, we will ask for information that will allow us to identify you. Until you provide the information or documents requested, we may not be able to open an account or effect any additional transactions for you.

Unlawful Internet Gambling Enforcement Act ("Act") Notice: Transactions associated with unlawful internet gambling are prohibited. Specifically, the Act "prohibits any person engaged in the business of betting or wagering (as defined in the Act) from knowingly accepting payments in connection with the participation of another person in unlawful internet gambling." LGIP Participants must not initiate or receive wire transfers, checks, drafts or other debit/credit transactions that are restricted by the Act. For more information, please refer to: <https://www.federalreserve.gov/newsevents/pressreleases/files/bcreg2008112a1.pdf>.

Escheatment Notice: Your property may be transferred to the appropriate state if no activity occurs in your Fund accounts within the time period specified by law.

If required information is missing, your application may be rejected. If an account is established pending receipt of requested information, it may be restricted to liquidating transactions only and closed if requested information is not received within specified time frames.

Please Note: After your new account is established, a secure email confirmation will be sent from LGIPService1@bnymellon.com. It will contain your Active Advisor web portal login credentials, navigation and trading guides. If you do not receive your login credentials within 3-5 business days, please check your junk/spam folder before calling the BNY Mellon Institutional Services Client Service team at 1 (833) NYS-MUNI or by email at LGIPService@bnymellon.com for assistance.

FOR INTERNAL USE BY BNY MELLON INSTITUTIONAL SERVICES ONLY

Dealer Name

Dealer/Branch Number