



## NY MuniTrust® Local Government Investment Pool Additional Sub-Account Request Form.

This additional sub-account request form is for use by local government participants with an existing enrollment packet on file. If you need assistance completing this form, please call us toll free at **1 (833) NYS-MUNI**, option 1 for assistance.

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### 1. Participant Information

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Name of Participant (limited to 35 characters)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Physical Address

City

Zip Code

County

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Mailing Address (if different from above)

City

Zip Code

County

Tax ID

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### 2. Accounts to be Established

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

- A.   NY MuniTrust Excelsior Fund (4701)  
 NY MuniTrust Empire Fund (4702)
- B.   NY MuniTrust Excelsior Fund (4701)  
 NY MuniTrust Empire Fund (4702)
- C.   NY MuniTrust Excelsior Fund (4701)  
 NY MuniTrust Empire Fund (4702)
- D.   NY MuniTrust Excelsior Fund (4701)  
 NY MuniTrust Empire Fund (4702)
- E.   NY MuniTrust Excelsior Fund (4701)  
 NY MuniTrust Empire Fund (4702)
- F.   NY MuniTrust Excelsior Fund (4701)  
 NY MuniTrust Empire Fund (4702)

### 3. Banking Instructions:

Please complete the information for each specific sub-account in accordance with the accounts listed in section 2. If all of the accounts will have the same banking information, please just complete section A.

A.	<input type="text"/>	<input type="text"/>
	Name of Bank	ABA#
	<input type="text"/>	
	Address of Bank	
	<input type="text"/>	
	Client Address on Bank Account (if different than physical mailing address above)	
	<input type="text"/>	<input type="text"/>
	Account Name	Account #
	<input type="text"/>	<input type="text"/>
	For Further Credit Account Name	For Further Credit Account #
B.	<input type="text"/>	<input type="text"/>
	Name of Bank	ABA#
	<input type="text"/>	
	Address of Bank	
	<input type="text"/>	
	Client Address on Bank Account (if different than physical mailing address above)	
	<input type="text"/>	<input type="text"/>
	Account Name	Account #
	<input type="text"/>	<input type="text"/>
	For Further Credit Account Name	For Further Credit Account #
C.	<input type="text"/>	<input type="text"/>
	Name of Bank	ABA#
	<input type="text"/>	
	Address of Bank	
	<input type="text"/>	
	Client Address on Bank Account (if different than physical mailing address above)	
	<input type="text"/>	<input type="text"/>
	Account Name	Account #
	<input type="text"/>	<input type="text"/>
	For Further Credit Account Name	For Further Credit Account #
D.	<input type="text"/>	<input type="text"/>
	Name of Bank	ABA#
	<input type="text"/>	
	Address of Bank	
	<input type="text"/>	
	Client Address on Bank Account (if different than physical mailing address above)	
	<input type="text"/>	<input type="text"/>
	Account Name	Account #
	<input type="text"/>	<input type="text"/>
	For Further Credit Account Name	For Further Credit Account #

E.    
Name of Bank ABA#  
  
Address of Bank  
  
Client Address on Bank Account (if different than physical mailing address above)  
   
Account Name Account #  
   
For Further Credit Account Name For Further Credit Account #

F.    
Name of Bank ABA#  
  
Address of Bank  
  
Client Address on Bank Account (if different than physical mailing address above)  
   
Account Name Account #  
   
For Further Credit Account Name For Further Credit Account #

**4. Authorized Signer: must be completed by an authorized party currently on file for the Participant.**

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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.

**PLEASE SIGN HERE:**

By: \_\_\_\_\_  
Authorized Key Contact/Board Chairperson/Chief Fiscal Officer

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**5. three+one<sup>®</sup> Balance and Transaction Data Authorization\***

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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: \_\_\_\_\_