

NY MuniTrust[®] Local Government Investment Pool Authorized User Update Form.

This authorized user update 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 **(833)** NYS-MUNI, option | for assistance.

1. Participant Information

Name of Participant			
Physical Address	City	Zip Code	County
Mailing Address (if different from above)	City	Zip Code	County

Tax ID

2. Authorized Person(s) and 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.

2.1. Authorized Person (please select access type)

Inquiry	Trader	Signer			
First Name		M.I.	Last Name	Date of Birth	
Title			City	State	
Phone Number			Email Address (group email addresses are not accepted)		
Physical Specimen S	ignature Require	ed			
2.2. Authorize	d Person (ple	ease select a	ccess type)		
Inquiry	Trader	Signer			
First Name		M.I.	Last Name	Date of Birth	
Title			City	State	
Phone Number			Email Address (group email addresses are not accepted)		

Physical Specimen Signature Required

2.3. Authorized Person (please select access type)

Inquiry	Trader	Signer		
First Name		M.I.	Last Name	Date of Birth
Title			City	State
Phone Number			Email Address (group email addre	sses are not accepted)

Physical Specimen Signature Required

2.4. Authorized Person (please select access type)

Inquiry	Trader	Signer		
First Name		M.I.	Last Name	Date of Birth
Title			City	State
Phone Number			Email Address (group email addresses are not accepted)	
	nature Require	d		

3. Authorized User Removal:

Please remove the following users from the accounts and from Active Advisor:

Name

Name

Name

Name

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

The Participant acknowledges that the NY MuniTrust Local Government Investment Pool is not FDICinsured. 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: (Physical Signature Required)

By:

Authorized Key Contact/Board Chairperson/Chief Fiscal Officer

Print Name

Title

Date

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