CSIP — COLORADO STATEWIDE INVESTMENT PROGRAM

Instructions: Complete this application to become a new Investor in CSIP. This application must be included with all other required documentation and certifications in order to be accepted and processed by CSIP. Please fax or mail this completed application to CSIP Client Services Group at the fax number or address listed at the bottom of this Application.

INVESTOR INFORMATION: *(All fields in this section must contain Investor information ONLY.)*

Investor Name: _____
(Name to appear on Program records)

Legal Name: _____
(Name as filed with the IRS, if different from above)

Street Address: _____
Street Address (A P.O. Box is not acceptable)

_____ _____ _____
City   State   Zip

Mailing Address: _____
Mailing Address (If different from Street Address)

_____ _____ _____
City   State   Zip

TIN : _____
(Taxpayer Identification Number)

Phone #: _____

Fax #: _____

Entity Type: _____
(City, County, School District, etc.)

Fiscal Year End: _____
(Month and Day)

TAX IDENTIFICATION NUMBER (TIN)

Note: If the information required by this section is not provided, the current IRS Backup Withholding Rate of taxable dividends, capital gains and proceeds of redemptions and exchanges will be imposed under federal tax regulations.

TIN : _____
(Taxpayer Identification Number)

Form of Organization: _____
(e.g., 501(c)(3) organization, C corporation, limited liability company, etc.)

Tax Status: I have not been notified by the IRS that I am currently subject to Backup Withholding.
I am an exempt recipient.
I am neither a citizen nor a resident of the United States.

INVESTOR CERTIFICATION: *(A Representative of the Investor should read, complete, sign and date this section.)*

I. By execution of this form the Investor represents and warrants that the Investor has the full power and authority to make investments, that the assets being invested are not subject to any restrictions under an indenture or other agreement that prohibits investment in the selected portfolio, and that the funds invested are of a type authorized for this investment as described in the Information Statement. The person signing on behalf of an Investor warrants she/he is authorized to make investments on behalf of the Investor. She/he represents she/he has received and read the Program's current Information Statement.

II. The establishment of an account is subject to acceptance by the Program and is subject to the conditions under "Investing" and other provisions contained in the Information Statement.

III. Any checking account opened through the Program is subject to the rules, regulations and procedures of the Depository.

IV. Under penalty of perjury, the authorized Contact signing below certifies that the tax identification number provided for this entity is true, correct and complete.

V. The information, authorizations, and certifications set forth in or attached to this New Investor Application shall remain in full force and effect until the Program receives written notification of change.

_____   _____
Authorized Signature   Date

_____   _____
Print or Type Name of Authorized Signatory   Title/Position

REQUIRED DOCUMENTATION: *(Please include the following documents with this Application.)*

- W-9 (Name on W-9 must match IRS records)

PROGRAM USE ONLY: *(Please fax or mail this document to your CSIP Representative for their signature below.)*

_____   _____
CSIP Representative 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:	CSIP Client Services Group 1-888-535-0120	MAIL TO:	CSIP Client Services Group P.O. Box 11813 Harrisburg, PA 17108

PROGRAM USE ONLY	
V2022.04	INITIALS
Processed	
Confirmed	