



Questions? Call 1-877-677-3523

<u>Instructions</u>: Complete this application to become a new Investor in the **Nebraska Liquid Asset Fund** (NLAF). This application must be included with all other required documentation and certifications in order to be accepted and processed by the NLAF Client Services Group. Please fax or mail this completed application to your Account representative at the fax number or address listed at the bottom of this application.

Copy   State   Address   Phone #:	<b>NVESTOR INFORM</b>	IATION: (All fields in this section mus	t contain Investor information O	NLY.)		
Street Address:   Street Address (A.P.O. Box is not acceptable)   Fax #:	Investor Name:					
Street Address:    Street Address   Street Address   Phone #:	Land Name			pear on Fund record	15)	
Mailing Address:  City State Zip  Fiscal Year End:  (Month and Day)  Entity Type:  (City, County, School District, etc.)  AX IDENTIFICATION NUMBER (TIN):  Mote: 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:  (Taspayer Identification Number)  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 enther a citizen nor a resident of the United States.  NVESTOR CERTIFICATION. (A representative of the Investor should read, complete, sign and dote this section.)  I. It is hereby certified that the Entity named above adopted the attached Resolution at a duly convened meeting of the governing body of the Entity held on the day of	Legai Name: _			he IRS, if different fr	om above)	
Mailing Address:  City State Zip  Fiscal Year End:  (Month and Day)  Entity Type:  (City, State Zip  Mailing Address (If different from Street Address)  (Month and Day)  Entity Type:  (City, State Zip  Entity Type:  (City, County, School District, etc.)  AX IDENTIFICATION NUMBER (TIN):  Mote: 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:  (Taspayer Identification Number)  Form of Organization:  (Isapayer Identification Number)  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 enither a citizen nor a resident of the United States.  NVESTOR CERTIFICATION: (A representative of the Investor should read, complete, sign and date this section.)  I. It is hereby certified that the Entity named above adopted the attached Resolution at a duly convened meeting of the governing body of the Entity held on the day of	Street Address:				Phone #:	
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NLAF Representative Signature Date	TRUST USE ONLY: (I	Please fax or mail this document to yo	ur Account representative for t	neir signature bel	ow.)	
NLAF Representative Signature Date						
NLAF Representative Signature Date						
	NLAF Representa	tive Signature	Date			

Any document contain	ining sensitive information received by	email will	not be accepted. Please send b	y uploading	through Connect, fax, or mail.
SEND VIA CONNECT:	Log in to Account Access	FAX TO:	NLAF Client Services Group	MAIL TO:	NLAF Client Services Group
Existing Connect	Click Secure Contact		1-888-535-0120		P.O. Box 11760
Users Only	Select file to upload - Send message				Harrisburg, PA 17108

FUND USE ONLY				
V2022.03	INITIALS			
Processed				
Confirmed				