



# New Investor Application

Questions? Call 1-877-677-3523

**Instructions:** 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.

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

Investor Name:				(Name to appear on Fund records)
Legal Name:				(Name as filed with the IRS, if different from above)
Street Address:				Phone #:
	Street Address (A P.O. Box is not acceptable)			
	City	State	Zip	Fax #:
Mailing Address:				Fiscal Year End:
	Mailing Address (If different from Street Address)			(Month and Day)
	City	State	Zip	Entity Type:
				(City, County, School District, etc.)

## 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 : \_\_\_\_\_ Form of Organization: \_\_\_\_\_  
(Taxpayer Identification Number) (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.)

- 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 \_\_\_\_\_, 20\_\_\_\_, and that such Resolution is in full force and effect on the date of this application, and that such Resolution has not been modified, amended or rescinded since its adoption. (Please attach the Resolution to this document.)
- It is hereby certified that the Entity has received a copy of the Fund's **Information Statement** and **Declaration of Trust** and agrees to be bound by the terms of such documents.
- The information, authorizations, resolutions and certifications set forth in this New Investor Application shall remain in full force and effect until the Fund receives written notification of a 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)
- Resolution/Ordinance

## TRUST USE ONLY: (Please fax or mail this document to your Account representative for their signature below.)

NLAf Representative Signature	Date
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Any document containing sensitive information received by email will not be accepted. Please send by uploading through Connect, fax, or mail.

<b>SEND VIA CONNECT:</b>	Log in to Account Access	<b>FAX TO:</b>	NLAf Client Services Group	<b>MAIL TO:</b>	NLAf Client Services Group
<b>Existing Connect Users Only</b>	Click <input checked="" type="checkbox"/> Secure Contact	1-888-535-0120		P.O. Box 11760	
	Select file to upload - Send message			Harrisburg, PA 17108	

## FUND USE ONLY

V2022.03	INITIALS
Processed	
Confirmed	