

Michigan
CLASS[®]



Registration Packet

Welcome to Michigan CLASS

Thank you for choosing Michigan CLASS!

This packet contains all the materials necessary to set up your Michigan CLASS account(s). If you have any questions about the registration process or about your Michigan CLASS account(s), please do not hesitate to contact us. The Michigan CLASS Client Service team can be reached any business day from 8:00 a.m. to 5:00 p.m. ET by phone at (855) 382-0496 or by email at clientservices@michiganclass.org.

Michigan CLASS is not a bank. An investment in Michigan CLASS is not insured or guaranteed by the Federal Deposit Insurance Corporation or any other government agency. Although Michigan CLASS Prime seeks to preserve the value of your investment at \$1.00 per share, it cannot guarantee it will do so. Please read the applicable Michigan CLASS Information Statements carefully before making an investment decision. Many factors affect performance including changes in market conditions and interest rates and in response to other economic, political, or financial developments. Investment involves risk including the possible loss of principal. No assurance can be given that the performance objectives of a given strategy will be achieved. **Past performance is no guarantee of future results. Any financial and/or investment decision may incur losses.**

Registration Procedures

To participate in Michigan CLASS, please complete the following:

- Read the Participation Agreement (accessible on www.michiganclass.org).
- Provide an Authorizing Resolution or a copy of your meeting minutes supporting participation in Michigan CLASS (please attach).
- Adopt the Certificate of Delivery and Resolution (page 3).
- Complete the Entity Registration (page 4).
- Complete the Authorized Contacts Form (page 5/6). Michigan CLASS recommends having multiple authorized signers to help prevent fraud.
- Complete the Accounts to be Established Form; you may open as many accounts as you wish (page 7).
- Keep the original forms for your records and send the completed packet to the Michigan CLASS Client Service team by fax (855) 381-0496 or email clientservices@michiganclass.org.

Questions? Please contact us; we would love to hear from you.

Michigan CLASS Client Service Team
T (855) 382-0496
clientservices@michiganclass.org

Through the Michigan CLASS website, www.michiganclass.org, Participants will be regularly informed of important program information, holidays, upcoming Board meetings, Participant events, conferences, and more. Board of Trustee meetings, which are open to the public, are generally held quarterly and discuss relevant issues to the governance and operations of the Michigan CLASS program.

Certificate of Delivery and Resolution

The attached Authorizing Resolution which has been duly adopted by _____ and
Entity Name
certified by the Clerk thereto is hereby delivered to Public Trust Advisors, LLC (the Investment Advisor) to
effectuate participation (in what is commonly known Michigan CLASS) in the Participant Agreement dated
November 1, 2021, as amended.

Authorized Signer's Name

Signature

Title



Trust Registration

Entity Information

Entity Name (Participant) _____

Entity Type: City/Village County Township School District
Other (Specify) _____

Mailing Address _____

City _____ Zip _____ County _____

Physical Address (if different than above) _____

City _____ Zip _____ County _____

Tax ID _____ Fiscal Year-End Date (Month/Day) _____

Michigan CLASS and its transfer agent and administrator are authorized by the Participant to act on any instructions believed to be genuine for any service authorized on this form. To the extent permitted by law, the Participant agrees that Michigan CLASS, its transfer agent, and administrator, Public Trust Advisors LLC, and their respective officers, directors, affiliates, representatives, employees and agents (each an "Indemnified Party") will not be liable for any losses, claims, expenses and liabilities (collectively, the "Losses") that result from accepting such instructions, and agrees to indemnify and hold harmless each Indemnified Party from and against any and all Losses arising from or resulting from such reliance on, or acceptance of, such instructions. Withdrawal proceeds can be sent only to the bank(s) indicated below unless changed by written instructions. Each Participant is responsible for notifying Michigan CLASS of any changes to its account(s).

Wires will be distributed every hour with the final distribution ending at 3:00 p.m. ET; distribution times are subject to change as needed by the Michigan CLASS Administrator. Additionally, Michigan CLASS must be notified of any contributions by 3:00 p.m. ET to receive same day credit. **If funds are not received by 5:00 p.m. ET, contribution orders will be voided.**

Banking Information

Bank Name _____ Bank Routing Number (ABA) _____

Account Title _____ Account Number _____

Bank Contact* _____ Contact's Phone Number _____

Wire ACH Both

Additional Banking Information (Optional)

Bank Name _____ Bank Routing Number (ABA) _____

Account Title _____ Account Number _____

Bank Contact* _____ Contact's Phone Number _____

Wire ACH Both

*If there will only be one Authorized Signer on the Michigan CLASS account, bank contact must be provided to verify bank account information



Authorized Contacts¹

| Authorized Signers Can: | Read-Only Users Can |
|---|--|
| Approve changes to the Investor Profile | Receive account updates |
| Update banking/contact information | Request "view-only" access to monthly statements and transaction confirmations |
| Process transactions | View banking/contact information |
| Receive account updates | |

Key Contact² and Authorized Signer

Print First and Last Name

Title

Signature Required

Phone (Required)³ Extension

Email (Required)

Mobile³

Additional Contact (Optional) Note – Michigan CLASS strongly advises each participant to have multiple authorized signers to help prevent fraud

Print First and Last Name

Title

(Signature Required if Authorized Signer)

Phone (Required)³ Extension

Email (Required)

Mobile³

Permissions (check only one)

- Authorized Signer to Move Funds
- Read-Only Access

Additional Contact (Optional)

Print First and Last Name

Title

(Signature Required if Authorized Signer)

Phone (Required)³ Extension

Email (Required)

Mobile³

Permissions (check only one)

- Authorized Signer to Move Funds
- Read-Only Access

¹ All contacts listed on an account will receive email notifications when transaction confirmation documents and monthly statements are available for download in the online portal.

² The key contact on an account is the main point of contact for an entity. They receive voting credentials for Board of Trustees elections and all other important communications.

³ A phone number that you can be reached at directly is required to receive the multi-factor authentication code via phone call. Mobile numbers can receive the code via phone call or text.

Authorized Contacts (cont.)¹

Additional Contact (Optional)

Print First and Last Name

Title

(Signature Required if Authorized Signer)

Phone (Required)² Extension

Email (Required)

Mobile²

Permissions (check only one)

- Authorized Signer to Move Funds
- Read-Only Access

Additional Contact (Optional)

Print First and Last Name

Title

(Signature Required if Authorized Signer)

Phone (Required)² Extension

Email (Required)

Mobile²

Permissions (check only one)

- Authorized Signer to Move Funds
- Read-Only Access

Additional Contact (Optional)

Print First and Last Name

Title

(Signature Required if Authorized Signer)

Phone (Required)² Extension

Email (Required)

Mobile²

Permissions (check only one)

- Authorized Signer to Move Funds
- Read-Only Access

¹ All contacts listed on an account will receive email notifications when transaction confirmation documents and monthly statements are available for download in the online portal.

² A phone number that you can be reached at directly is required to receive the multi-factor authentication code via phone call. Mobile numbers can receive the code via phone call or text.



Michigan CLASS Accounts to be Established

Entity Name: _____

Desired Subaccount Name(s)* i.e. General Fund, etc.:
(To be completed by Participant, **at least one Subaccount is required**)

*Name must be limited to 35 characters.

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Michigan CLASS & LCSA

Eligible entities can now receive Local Community Stabilization Authority (LCSA) distributions directly to a Michigan CLASS subaccount. With online distributions, entities can receive LCSA payments as soon as the LCSA distribution is initiated. If you would like your LCSA payments to be deposited directly into a Michigan CLASS subaccount, please list below the following information:

LCSA Payee ID**
(State Municipal Code)

LCSA Account Name**

Michigan CLASS Subaccount Name
(Select an account name from above)

| | | |
|-------|-------|---|
| _____ | _____ | <input type="checkbox"/> Same as above (if only one account name is listed) |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

**If you are unsure of your LCSA account name and payee ID, please reach out to the Michigan CLASS Client Service team for assistance.

Once your Michigan CLASS account has been established, you will receive a confirmation email with your login credentials from reply@michiganclass.org. If you do not receive your login credentials within 48 business hours of submission, please first check your junk or spam folder before contacting the Michigan CLASS Client Service team.

Dual Authorization Form (Optional)

Entity Name: _____

Please utilize this form to request dual authorization capabilities on your Michigan CLASS account. Dual authorization ensures that any transaction entered via the Michigan CLASS online transaction portal requires approval from a second Authorized Signer in order to be processed (internal transfers between subaccounts do not require dual authorization). **Note:** All Authorized Signers listed on the account can enter transactions and approve them (not just the users below).

Request to Add Dual Authorization

Dual authorization is hereby approved for _____ by the Authorized Signer below. By approving dual authorization, the Authorized Signer acknowledges that transactions not approved by the 3:00 p.m. ET cutoff will not be processed. Please ensure transactions are entered in a timely manner and that other authorized signers are available to approve the transactions for processing.

Authorized Signer's Signature

Date

Printed Name

Title