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).
- Should you be interested in participating in Michigan CLASS EDGE, complete the EDGE Participant Acknowledgement Form (page 8), and the EDGE Accounts to be Established Form; you may open as many accounts as you wish (page 9).
- 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, <u>www.michiganclass.org</u>, 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 Signature
Title





Trust Registration

Entity Informa	ition			
Entity Name (Pa	rticipant)			
Entity Type:	City/Village	County	Township	School District
	Other (Specify) _			
Mailing Address				
City		Zip	County	
Physical Address	s (if different than abo	ve)		
City		Zip	County	
Tax ID	Fisca	al Year-End Date	(Month/Day)	
CLASS Administrator	. Additionally, Michigan CLAS .m. ET, contribution order	SS must be notified of	•	re subject to change as needed by the Michigan T to receive same day credit. If funds are not
Bank Name			Bank Routing Number	(ABA)
Account Title			Account Number	
Bank Contact* _			Contact's Phone Numb	er
Wire	ACH	Both		
Additional Ban	king Information (C	ptional)		
Bank Name			Bank Routing Number	(ABA)
Account Title			Account Number	
Bank Contact* _			Contact's Phone Numb	er
Wire	ACH	Both		
*If there will on	ly be one Authorized S	Signer on the Mich	igan CLASS account, bank	contact must be provided to verify

bank account information

Michigan Cooperative Liquid Assets Securities System

Authorized Contacts¹

Authorized Signers Can	Users Can	
Approve changes to the Investor Profile	Receive account updates	
Update banking/contact information	Request "view-only" access to n	nonthly statements and
Process transactions	transaction confirmations	
Receive account updates	View banking/contact information	on
Key Contact ² and Authorized Signer		
Print First and Last Name	Title	
Signature Required	Phone (Required) ³	Extension
Email (Required)	Mobile ³	
Additional Contact (Optional) Note – Michigan C signers to help prevent fraud	LASS strongly advises each participan	t to have multiple authorized
Print First and Last Name	Title	
(Signature Required if Authorized Signer)	Phone (Required) ³	Extension
Email (Required)	Mobile ³	
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)	Mobile ³	
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.



Additional Contact (Optional)

Authorized Contacts (cont.)¹

Print First and Last Name	Title	
(Signature Required if Authorized Signer)	Phone (Required) ²	Extension
Email (Required)	Mobile ²	
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)	Mobile ²	
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)	Mobile ²	
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 (To be completed by Participant, at	e. General Fund, etc.: least one Subaccount is required	1)
*Name must be limited to 35 characters.		
Eligible entities can now receive Lo CLASS subaccount. With online dist	ributions, entities can receive LCSA	ity (LCSA) distributions directly to a Michigan payments as soon as the LCSA distribution is into a Michigan CLASS subaccount, please list
below the following information:	A payments to be deposited directly	into a Michigan CLASS subaccount, please list
LCSA Payee ID** (State Municipal Code)	LSCA Account Name**	Michigan CLASS Subaccount Name (Select an account name from above)
		Same as above (if only one account name is listed)
**If you are unsure of your LCSA according assistance.	ount name and payee ID, please reach	out to the Michigan CLASS Client Service team for
		nfirmation email with your login credentials from no- pusiness hours of submission, please first check your

junk or spam folder before contacting the Michigan CLASS Client Service team.



EDGE Participant Acknowledgement Form

Participant Information Entity Name (Participant)				
Participant Acknowledgemen	t			
The undersigned Authorized Signer	for the Participant hereby acknowledges the following:			
The Participant has received and	reviewed the Michigan CLASS EDGE Information Statement.			
All EDGE investments are made	All EDGE investments are made in accordance with the Michigan CLASS EDGE Investment Policy.			
exposure to a diversified portfol funds not needed on a frequent of	ed to complement the daily liquidity of Michigan CLASS Fund by gaining io of high-quality securities. Michigan CLASS EDGE is better suited for near-term basis. Michigan CLASS EDGE is designed for investors with zon and the ability to tolerate a higher risk profile.			
•	seek to maintain a stable net asset value (NAV) and does not offer daily ASS Fund, investing in Michigan CLASS EDGE introduces the potential and realized gains and losses.			
 Withdrawals are unlimited and n 	net on a transaction date plus one (1) business day basis (T+1).			
Authorized Signer				
Signature	Date			
Printed Name	Title			

The investment advisor providing these services is Public Trust Advisors, LLC (Public Trust), an investment advisor registered with the SEC under the Investment Advisors Act of 1940, as amended. Registration with the SEC does not imply a certain level of skill or training. Additionally, this registration provides no guarantee of return or protection against loss. 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. 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.



EDGE Accounts to be Established

Entity Name:	
Michigan CLASS EDGE Accounts Desired Subaccount Name(s)* i.e. General Fund, etc.:	
(To be completed by Participant)	
(To be completed by Farticipality	
	Michigan CLASS EDGE is designed to complement the
	daily liquidity offered by the Michigan CLASS portfolio.
	, , , , , , , , , , , , , , , , , , , ,
	EDGE is best suited for funds not needed on a
	frequent or near-term basis. Michigan CLASS EDGE is
	designed for investors with a slightly longer
_	investment horizon and the ability to tolerate a higher
	risk profile.
	EDGE does not seek to maintain a stable net
	asset value (NAV) and does not offer daily
	liquidity. Investing in Michigan CLASS EDGE
	introduces the potential for the reporting of
	unrealized and realized gains and losses.
	If you have questions about which of your local
	government's funds are appropriate for the EDGE
	portfolio, please contact your Michigan CLASS
	representative or email <u>info@michiganclass.org</u> .

Once your Michigan CLASS account(s) has been established, you will receive a confirmation email with your login credentials from no-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.

^{*}Name must be limited to 35 characters.



Dual Authorization Form (Optional)

Entity Name:						
Please utilize this form to request dual authorized authorization ensures that any transaction entered approval from a second Authorized Signer in order not require dual authorization). Note : All Authorized approve them (not just the users below).	d via to be	the Michigar processed (n CLASS interna	5 online transactions	ction po een su	ortal requires baccounts do
Request to Ad	d Dı	ual Autho	rizati	on		
Dual authorization is hereby approved for		Fatite Nam		by the	e Autho	orized Signer
below. By approving dual authorization, the Author						
the 3:00 p.m. ET cutoff will not be processed. Please	e ensı	ure transactio	ns are	entered in a tim	ely ma	nner and that
other authorized signers are available	to	approve	the	transactions	for	processing.
Authorized Signer's Signature		Date				
Printed Name		Title				