



# Enrollment Form

Mail to: The Illinois Funds  
Marine Bank Building  
1 East Old State Capitol Plaza  
Springfield, IL 62701-1320

### Instructions:

Along with this form, please provide the following documentation:  
*One of the following:*

- The designation of the Authorized Signer on letterhead
- Corporate resolution that includes the designation of the Authorized Signer on letterhead

### And

*One of the following:*

- Enabling Statute OR
- Bylaws OR
- Meeting Minutes on letterhead OR
- Municipal Charter OR
- Articles of Incorporation

*If this Public Agency requires additional accounts please complete a separate application.*

>> In compliance with the USA PATRIOT Act, all financial institutions are required to obtain, verify and record the following information for all registered owners or others who may be authorized to act on an account: **full name, Tax Identification number and permanent street address. Corporate, trust, and other entity accounts require additional documentation.** This information will be used to verify your true identity. We will return your application if any of this information is missing, and we may request additional information from you for verification purposes. In the rare event that we are unable to verify your identity, the Fund reserves the right to redeem your account at the current day's net asset value.

## 1 Investor Information | Select one

<input type="text"/>		<input type="text"/>		
PUBLIC AGENCY		TAX IDENTIFICATION NUMBER		
<input type="text"/>	<input type="text"/>			
PHONE NUMBER - AUTHORIZED SIGNER	E-MAIL ADDRESS - AUTHORIZED SIGNER			
<input type="text"/>				
AUTHORIZED SIGNER (INDIVIDUAL AUTHORIZED BY PUBLIC AGENCY TO MAKE CHANGES TO THE ACCOUNT).				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
STREET	APT / SUITE	CITY	STATE	ZIP CODE
<input type="text"/>				
INVESTMENT ACCOUNT NAME				

## 2 Authorized Trader(s) Check all that apply (if no authorization levels are selected, then only Inquiry access will be given)

- Financial Authority: Provides authority to initiate transactions on the account.
- Maintenance Authority: Provides authority to make changes to the account, including bank and address changes.
- Inquiry: Provides authority to obtain balance and transaction information by calling the Illinois Funds Toll Free line.

<input type="checkbox"/> Authorized Trader #1	<b>Authorization Level:</b>	<input type="checkbox"/> Financial Authority	<input type="checkbox"/> Maintenance Authority	<input type="checkbox"/> Inquiry	<input type="checkbox"/> Online Access
<input type="text"/>	<input type="text"/>				
NAME	PHONE NUMBER				
<input type="text"/>	<input type="text"/>				
SIGNATURE	E-MAIL ADDRESS				
<input type="checkbox"/> Authorized Trader #2	<b>Authorization Level:</b>	<input type="checkbox"/> Financial Authority	<input type="checkbox"/> Maintenance Authority	<input type="checkbox"/> Inquiry	<input type="checkbox"/> Online Access
<input type="text"/>	<input type="text"/>				
NAME	PHONE NUMBER				
<input type="text"/>	<input type="text"/>				
SIGNATURE	E-MAIL ADDRESS				

### 3 Additional Mailing Information

**Mailing Address\*** (if different from Section 1)

If completed, this address will be used as the Address of Record for all statements, checks and required mailings. Foreign addresses are not allowed.

STREET	APT / SUITE	CITY	STATE	ZIP CODE

\* A P.O. Box may be used as the mailing address.

**Duplicate Statement #1**

Complete only if you wish someone other than the account owner(s) to receive duplicate statements.

COMPANY NAME	
NAME	
STREET	APT / SUITE
CITY	STATE ZIP CODE

**Duplicate Statement #2**

Complete only if you wish someone other than the account owner(s) to receive duplicate statements.

COMPANY NAME	
NAME	
STREET	APT / SUITE
CITY	STATE ZIP CODE

### 4 Investment Options

**By check:** Make check payable to the Illinois Funds.

Note: All checks must be in U.S. Dollars drawn on a domestic bank. The Fund will not accept payment in cash or money orders. The Fund does not accept post dated checks or any conditional order or payment. To prevent check fraud, the Fund will not accept third party checks, Treasury checks, credit card checks, traveler's checks or starter checks for the purchase of shares.

Mail check to:  
 The Illinois Funds  
 c/o U.S. Bancorp Fund Services, LLC  
 PO Box 701  
 Milwaukee, WI 53201-0701

**By wire:** Call 1-800-947-8479.

Note: A completed application is required in advance of a wire.

**ePay Program:** This option indicates you will partially or fully fund your investment account via a daily sweep from ePAY's designated settlement bank.

**Initial Investment Amount**

\$	
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### 5 Automatic Investment Plan (AIP)

Your signed Application must be received at least 15 calendar days prior to initial transaction.

If you choose this option, funds will be automatically transferred from your bank account on file. We are unable to debit mutual fund or pass-through ("for further credit") accounts.

Note: The AIP will be purchased on the date requested or first business day after.

**Draw money from bank**

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NAME ON ACCOUNT

BANK ACCOUNT NUMBER

**Draw money for my AIP (check one):**  Monthly  Quarterly  Semi-Annually  Annually

If no option is selected, the frequency will default to monthly.

AMOUNT PER DRAW	AIP START MONTH	AIP START DAY

**Please keep in mind that:**

- There is a fee if the automatic purchase cannot be made (assessed by redeeming shares from your account).
- Participation in the plan will be terminated upon redemption of all shares.
- If the AIP cannot be made due to insufficient funds or stop payment, a \$25 fee will be assessed on your account. The AIP will be terminated after two such consecutive occurrences.

## 6 Systematic Withdrawal Plan (SWP)

Your signed Application must be received at least 15 calendar days prior to initial transaction.

Systematic Withdrawal Plan (SWP) – permits the automatic withdrawal of funds.

Payments will be mailed to address in Section 1

Payments will be deposited directly into your bank account

NAME ON ACCOUNT

BANK ACCOUNT NUMBER

Payments will be mailed to a Special Payee:

MAKE CHECK PAYABLE TO

STREET ADDRESS/CITY/STATE/ZIP

We are unable to credit mutual fund or pass-through ("for further credit") accounts.

Note: The SWP will be purchased on the date requested or first business day after.

**Make payments**  Monthly  Quarterly  Semi-Annually  Annually **starting with the month given here:**

If no option is selected, the frequency will default to monthly.

AMOUNT PER DRAW

SWP START MONTH

SWP START DAY

Requesting proceeds to a checking or savings account may require a medallion signature guarantee stamp. If we do not have bank information on record, please complete Section 7 of this form. Establishing a Special Payee may require a signature guarantee stamp.

## 7 Bank Information

We are unable to draft or credit your account via ACH if it is a mutual fund or pass through account.

Please contact your financial institution to determine if it participates in the Automated Clearing House system (ACH).

To make purchases or to redeem your account via ACH or wire, please provide full bank account information as shown below.

**For ePay participants only, please include Illinois National Bank information on this form.**

Checking  Savings

BANK NAME

TITLE OF BANK ACCOUNT

FURTHER CREDIT NAME (not available for ACH)

BANK ABA NUMBER

BANK ACCOUNT NUMBER

FURTHER CREDIT ACCOUNT NUMBER (not available for ACH)

Checking  Savings

BANK NAME

TITLE OF BANK ACCOUNT

FURTHER CREDIT NAME (not available for ACH)

BANK ABA NUMBER

BANK ACCOUNT NUMBER

FURTHER CREDIT ACCOUNT NUMBER (not available for ACH)

Checking  Savings

BANK NAME

TITLE OF BANK ACCOUNT

FURTHER CREDIT NAME (not available for ACH)

BANK ABA NUMBER

BANK ACCOUNT NUMBER

FURTHER CREDIT ACCOUNT NUMBER (not available for ACH)

## 8 Signature and Certification Required by the Internal Revenue Service

✓ The Public Agency listed above, ("Participant"), seeks to participate in the Local Government Investment Pool within The Illinois Funds, established pursuant to Section 17 of the State Treasurer Act (15 ILCS 505/17), which authorizes the Treasurer to establish a Public Treasurers' Investment Pool. Participant accepts the terms and conditions of the administration of The Illinois Funds as outlined by the State Treasurer with the understanding that there will be no changes to this agreement and the information contained herein without prior written notice. The undersigned certifies that he/she has been authorized by Participant's governing body or by statutory authority to execute this Application and Agreement on behalf of the Participant.

✓ The Fund, its transfer agent, and any of their respective agents or affiliates will not be responsible for banking system delays beyond their control. By completing the banking sections of this application, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank NA, on behalf of the applicable Fund. The Fund, its transfer agent, and any of their respective agents or affiliates will not be liable for acting upon instructions believed to be genuine and in accordance with the procedures described in the prospectus or the rules of the Automated Clearing House. When AIP or Telephone Purchase transactions are presented, sufficient funds must be in my account to pay them. I agree that my bank's treatment and rights to respect each entry shall be the same as if it were signed by me personally. I agree that if any such entries are not honored with good or sufficient cause, my bank shall be under no liability whatsoever. I further agree that any such authorization, unless previously terminated by my bank in writing, is to remain in effect until the Fund's transfer agent receives and has had reasonable amount of time to act upon a written notice of revocation.

✓ **Under penalty of perjury, I certify that (1) the Social Security or taxpayer identification number shown on this form is my correct taxpayer identification number, and (2) I am not subject to backup withholding as a result of either being exempt from backup withholding, not being notified by the IRS of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding, (3) I am a U.S. person (including a U.S. resident alien), and (4) I am exempt from FATCA reporting. (Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding due to a failure to report all interest and dividends.)**

**The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

PRINTED NAME OF PRINCIPAL AUTHORITY

DATE (MM/DD/YYYY)

PRINCIPAL AUTHORITY SIGNATURE (individual who is authorized by the Public Agency or by statutory authority to execute contractual agreements on behalf of the Public Agency)



### Before you mail, have you:

- Completed all USA PATRIOT Act required information?
  - Tax ID Number in Section 1?
  - Full Public Agency name in Section 1?
  - Permanent street address in Section 1?
- Signed your application in Section 8?

**For additional information please call toll-free 1-800-947-8479  
or visit us on the web at  
[www.illinoisfunds.com](http://www.illinoisfunds.com).**