



FLSAFE ADMINSTRATOR
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ACCOUNT REGISTRATION FORM

DATE:
GOVERNMENT NAME:
ADDRESS:
CITY: STATE: ZIP CODE:
ATTENTION: TAX ID: TEL: FAX:
YOUR FLSAFE ACCOUNT #: REP:

AUTHORIZED REPRESENTATIVES

Table with 4 columns: NAME, TITLE, SIGNATURE, EMAIL, PASSWORD (F/L) and 3 rows for REP#1, REP#2, REP#3.

PARTICIPANT STANDARD BANK WIRE INSTRUCTIONS

BANK NAME: ADDRESS:
ABA ROUTING#: ACCOUNT#:

WIRE INSTRUCTIONS TO SEND FUNDS TO FLSAFE

BANK NAME: BMO HARRIS BANK, N.A. ADDRESS: ORLANDO, FLORIDA
ABA ROUTING#: 071000288 ACCOUNT#: 253-898-1

FOR FURTHER CREDIT TO:

SIGNATURE AUTHORIZATION

AUTHORIZATION: This authorizes FLSAFE to transfer the proceeds of any redemption of the Participant's share in FLSAFE when telephoned, oral, electronic or written requests are received by FLSAFE from anyone of the Authorized Representatives names above by transferring such proceeds to the above-named Primary/ Standard or Alternate instructions (or additional accounts as denoted on an attached sheet) in the accordance with such requests.

TERMINATION: This Agreement and the authorizations contained therein will remain effective, communicating on the date as set forth above, until FLSAFE receives written notice of termination. The Participant is required to notify FLSAFE of any changes to either the authorized representatives or the wiring instructions.

LIMITATION ON LIABILITY: The FLSAFE Board of Trustees, the Investment Advisor, Administrator and Custodian known collectively as FLSAFE shall have limited liability as indicated in the Indenture of Trust or Custodial Agreement.

FLSAFE: PARTICIPANT:
BY: Signature BY: Signature