

Instructions: This document should be completed in addition to an **NCIP Trusteed Account Application** when a Trustee is opening a Trustee-held Account for the benefit of a Participant. Please have all three interested parties sign and date this document. Once completed, submit this form through Connect, or fax or mail this form to the fax number or address at the bottom of this page.

NCIP Account #: _____
(Pool Use Only)

SCHEDULE A DETAIL: *(Please read, complete, sign and date this section.)*

A Trustee-held Account should be opened in the North Carolina Investment Pool. The undersigned hereby acknowledge:

1. The Account is for the benefit of the following Participant: _____
(Enter the name of the NCIP Participant.)
2. The undersigned reviewed, and are familiar with, the relevant trust document. A copy of the first page of the trust document is attached.
3. Based on our review of the trust document, we have determined or confirmed that:
 - a. The Fiduciary, Trustee, or Fiscal Agent which has been appointed under the trust document is: _____
(Fiduciary, Trustee or Fiscal Agent.)
 - b. NCIP is an authorized investment under the trust document, and the Trustee is authorized to open the Account in the Pool and to invest in the Pool.
4. The Account will be opened and held in the name of the Trustee for the benefit of the Participant, and the Trustee will be authorized, among other things, to give the Pool direction with respect to opening and closing the Account, requesting changes to Account information and initiating the purchase and redemption of NCIP shares.

Participant Authorized Signatory	Title	Signature	Date
Trustee, Fiduciary, or Fiscal Agent	Title	Signature	Date

POOL USE ONLY:

NCIP Representative	Title	Signature	Date
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REQUIRED DOCUMENTATION: *(Please include the following required documents with this Schedule A.)*

- New Participant Application
(ONLY FOR NEW PARTICIPANTS)
- Trusteed Account Application
- Trust Document (A copy of the first page)
- Contact Record (New Contacts Only)
- Permissions

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

SEND VIA CONNECT: Log in to Account Access <i>Existing Connect</i> Click <input type="checkbox"/> Secure Contact <i>Users Only</i> Select file to upload - Send message	FAX TO: NCIP Client Services Group 1-888-535-0120	MAIL TO: NCIP Client Services Group P.O. Box 11813 Harrisburg, PA 17108
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POOL USE ONLY	
V2021.04	INITIALS
Processed	
Confirmed	