



**Investor Registration New Account Form**  
**Connecticut State Treasurer's Short-Term Investment Fund (STIF)**

1. **Date:** \_\_\_\_\_
2. **Organization Name:** \_\_\_\_\_
3. **STIF Account Name:** \_\_\_\_\_
4. **Address:** \_\_\_\_\_
5. **Phone:** \_\_\_\_\_
6. **Fax #:** \_\_\_\_\_

7. **Contact Person to Receive STIF Correspondence:**

Name: _____	Email: _____ Phone #: _____
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8. **Investor Bank Account Information (bank to which withdrawals will be sent):**

<u>Bank Name</u>	<u>Routing Transit/ABA #</u>	<u>Bank Account #</u>	<u>Bank Account Name</u>
_____	_____	_____	_____
<u>Bank Name</u>	<u>Routing Transit/ABA #</u>	<u>Bank Account #</u>	<u>Bank Account Name</u>
_____	_____	_____	_____

9. **Individuals authorized to conduct STIF transactions: (At least 2 signatures required)**

<u>Name</u>	<u>Signature</u>	<u>Title / Phone# / Email</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. **On-Line Access:** Individuals that regularly execute transactions or need to review account information may be set-up with on-line access. STIF offers restricted (information only) and unrestricted (financial transactions) access. Investors must complete Access Authorization forms for **Restricted** (Exhibit C), or **Unrestricted** (Exhibit C-1) to establish unique User ID and a password for on-line access.

11. **Interest Instructions:**  Automatic Reinvest  Cut Check To: \_\_\_\_\_  
 Interest deposited to bank instructions on file: Account # \_\_\_\_\_

12. **Authorized Officer:** \_\_\_\_\_  
Signature Print/Type Name Title

**Authorized Officer:** \_\_\_\_\_  
Signature Print/Type Name Title

<b>FOR TREASURERS OFFICE USE ONLY:</b> New STIF Acct #: _____	Signature: _____ Signature: _____
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**Each person signing this form should verify the accuracy of all information – particularly bank information – before signing. Please mail this form to: Office of the State Treasurer, STIF Administration, 55 Elm Street - 6<sup>th</sup> Floor, Hartford, CT 06106.**



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**Investor Registration Instructions for New Account**  
**Connecticut State Treasurer's Short-Term Investment Fund**

1. **Date** is the date on which the form is completed.
2. **Organization Name** is the name of your governmental unit (e.g., town/city name or state agency name).
3. **STIF Account Name** is the name that the investor wants assigned to the account. This name may reflect the purpose for which funds are being invested (e.g., General Fund).
4. **Address** is the mailing address where the investor wants STIF correspondence directed. Please include street or post office box number, city and zip code.
5. **Phone Number** is the telephone number at which an authorized person can be reached regarding STIF transactions.
6. **FAX Number** is the FAX number at which an authorized person can be reached regarding STIF transactions.
7. **Contact Person Phone and Email** to receive STIF correspondence, reports, and statements.
8. **Investor Bank Name** is the bank to which withdrawals from STIF will be sent. Please list only one authorized account number per Investor Registration Form. **Routing Transit/ABA #** is the nine-digit routing number of the bank named in the previous column. **Bank Account Number** is the number of your account at the bank named in the first column. **Bank Account Name** is the account name that appears on your monthly bank statement.
9. **Individuals authorized to conduct STIF transactions** - print/type name, original signature, email/phone and official title. There must be at least 2 names listed.
10. **On-Line access** - Standard on-line access maybe granted for each individual authorized to transact on the account. Investors will be issued unique password and user name. Please call a STIF Administration at 860-702-3118 who will work directly with each individual to establish on-line access.
11. **Interest Instructions** - Indicate whether you want the interest distributed in the form of a check, automatically reinvested to your STIF account or wired into another STIF account.
12. **Authorized Officer** is the individual who is authorizing persons to conduct STIF transactions. Please provide an original signature. Two authorized individuals are required for new accounts.

Please attach additional pages if necessary. Should you have any questions about this form, please contact the STIF Administration Unit (860) 702-3118.