

**CONNECTICUT STATE TREASURER
SHORT-TERM INVESTMENT FUND**



Exhibit B-2

Investor Registration Bank Instructions Change Form
Connecticut State Treasurer's Short-Term Investment Fund (STIF)

Add Bank Account Instructions

Delete Bank Account Instructions

1. **STIF Account #:** _____
2. **Date:** _____
3. **Organization Name:** _____
4. **STIF Account Name:** _____
5. **Address:** _____
6. **Phone:** _____
7. **Fax #:** _____
8. **Contact Person:** _____

9. Investor Bank Account Information (bank to which withdrawals will be sent):

Please list new bank instructions you wish to "ADD" to your STIF account

Add

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

Please list bank instructions you wish to "DELETE" from your STIF account

Delete

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

10. **Authorized Officer:** _____
- | | | | |
|--|-----------|-----------------|-------|
| | Signature | Print/Type Name | Title |
|--|-----------|-----------------|-------|
- Authorized Officer:** _____
- | | | | |
|--|-----------|-----------------|-------|
| | Signature | Print/Type Name | Title |
|--|-----------|-----------------|-------|

FOR TREASURERS OFFICE USE ONLY:	Signature: _____ Signature: _____
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Each person signing this form should verify the accuracy of all information. Two signatures are required for bank information additions or changes. Please mail this form to: Office of the State Treasurer, STIF Administration, 55 Elm Street - 6th Floor, Hartford, CT 06106.



Investor Registration Change Form Instructions
Connecticut State Treasurer's Short-Term Investment Fund

1. **STIF Account #** is the account number assigned to your account for STIF transactions. For opening of new account(s), please use the Investor Registration New Account Form. For changes to your existing account(s), please use the Investor Registration Change Form and check the appropriate box at the top of that form.
2. **Date** is the date on which the form is completed.
3. **Organization Name** is the name of your governmental unit (e.g., town/city name or state agency name).
4. **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).
5. **Address** is the mailing address where the investor wants STIF correspondence directed. Please include street or post office box number, city and zip code.
6. **Phone Number** is the telephone number at which an authorized person can be reached regarding STIF transactions.
7. **FAX number** is the telephone number at which an authorized person can be reached regarding STIF transactions.
8. **Contact Person and Email** to receive STIF correspondence, reports, and statements.
9. **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.
10. **Authorized Officer** is the individual who is authorizing persons to conduct STIF transactions. Please provide an original signature. One signature is required to change information. Two signatures are required to change or add bank information.

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