Welcome to LocalTrust[SM] Texas

We look forward to being a trusted financial partner to your organization and assisting you with your cash management goals. We believe in personal service and are excited to connect with you to make your investment process a positive, easy experience.

Our LocalTrust Service Coordinator will be reaching out to you soon, however, if you ever have any questions along the way, please do not hesitate to contact us.

Our LocalTrust Client Service team can be reached on any business day from 7:30 a.m. to 5:00 p.m. CT by phone at 866-898-2671 or by email at service@yourlocaltrust.com.

Nicole Gilbert
LocalTrust Texas
Regional Director, Distribution & Shareholder Servicing
972-378-7326

Catherine Sagarsee
LocalTrust Texas
Regional Distribution
214-575-1935

Sara Fagot
LocalTrust Texas
Shareholder Servicing
972-378-7313

New Participant Profile Form

This form must be completed and signed in order to establish an account with LocalTrust. If you have any questions regarding this application or how to invest, please call our LocalTrust Service Team at 866-898-2671. 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 ID or Employer Identification Number, and permanent street address. This information will be used to verify your identity. We will return your application if any of this information is missing, and we may request additional information from you for verification purposes.

ACCOUNT INFORMATION

Entity Name (Participant) _____

Street Address _____ City _____ State _____ Zip _____

Mailing Address _____City _____ State _____ Zip _____

Primary account Title _____ TIN _____

Primary Contact/Signer: Name: _____ Title: _____

Office Phone _____ Ext. _____ Email: _____

Cell Phone *(for DocuSign authentication)* _____

Authorized Signer(s):

Name: _____ Email: _____Cell Phone: _____

Name: _____ Email: _____Cell Phone: _____

Name: _____ Email: _____Cell Phone: _____

Name: _____ Email: _____Cell Phone: _____

ENTITY TYPE

County ☐ City/Town ☐ Water/Utility/Special District ☐ ISD ☐

Other_____

LOCALTRUST FUND TYPE

LocalTrust Texas US Government ☐ LocalTrust Texas Premier ☐

INTEREST PAYMENT OPTION

Reinvest Interest ☐ Distribute Interest ☐ [ACH ☐ or Wire ☐]

ADDITIONAL SUBACCOUNTS (IF ANY)

Account Title: _____ Account Title: _____

Account Title: _____ Account Title: _____

Please email service@yourlocaltrust.com should you need additional subaccount information.

AUTHORIZED PARTIES FOR ONLINE PORTAL ACCESS

Full Access: Ability to approve changes to the Investor Profile, update banking/contact information, transfer funds, receive account updates, access to monthly statements.
View Only Access: Ability to receive account updates, request "view-only" access to monthly statements.

Name _____ Title _____ Email _____Cell:_____

Full Access ☐ View Only ☐

Name _____ Title _____ Email _____Cell:_____

Full Access ☐ View Only ☐

Name _____ Title _____ Email _____Cell:_____

Full Access ☐ View Only ☐

Once your entity has been verified you will receive the complete LocalTrust New Participant Package through Docusign for signatures. Upon completion of the account documentation process your account will be established with LocalTrust and we will send your login credentials from service@yourlocaltrust.com. At that time, you will be prompted to enter your banking settlement information through the secure portal. The LocalTrust Service team will be in touch with you along the way to ensure a smooth account opening process.

AUTHORIZED SIGNATURE

Under penalty of perjury, I certify that (1) the Taxpayer Identification Number or Employer Identification Number shown on this form is the correct Taxpayer Identification Number or Employer Identification Number for this entity, and (2) This entity is 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 the entity that they are no longer subject to backup withholding, and (3) The entity is exempt from FATCA reporting. The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Printed Name_____ Signature _____Date_____

Confidentiality. LocalTrust Texas will (a) hold in strict confidence all non-public information you provide through this form; (b) use such information solely as needed for establishment and servicing of your account as a Participant with LocalTrust; and (c) not disclose or provide such information to any third party without the Participant's prior written consent, provided, however, LocalTrust may disclose such information to its employees, attorneys, advisors, representatives and service providers (collectively "Representatives") who need such information for the purposes of establishing and servicing Participant's account. Each Representative shall be informed by LocalTrust of the confidential nature of such information and shall be directed to not use or disclose such information except as required to service Participant's account.

Consent to Electronic Delivery. By signing this form, you consent to electronic delivery of all current and future information statements, required monthly and annual reporting, tax forms and other legal and regulatory notices, disclosures and communications relating to LocalTrust Texas (collectively, "Communications"). You authorize LocalTrust to post the Communications on its online portal. You also authorize LocalTrust to deliver the Communications by other electronic means, including to your e-mail address of record. You agree that all Communications provided in any of the ways described above will constitute good and effective delivery of those Communications to you when posted or sent, regardless of whether you actually or timely access, view or otherwise retrieve the Communications. Your consent is effective immediately and will remain in effect until revoked. You may revoke this electronic consent at any time by contacting the LocalTrust Service Team at (866) 898-2671 or by e-mail at service@yourlocaltrust.com. You agree that revocation of consent will not affect the legal effectiveness, validity or enforceability of any previous electronic delivery. You will ensure that LocalTrust has a valid e-mail address for you while you are a Participant.