



NEW INVESTOR APPLICATION

Questions? Call 1-800-570-7627

Instructions: Complete this application to become a new investor in SNAP. This application must be included with all other required documentation and certifications in order to be accepted and processed by the SNAP Client Services Group. Submit this form through Connect, or fax or mail this form to the fax number or address at the bottom of the page.

INVESTOR INFORMATION: (All fields in this section must contain Investor information ONLY.)

Investor Name: _____ (Name to appear on Program records) **Phone #:** _____

Legal Name: _____ (Name as filed with the IRS, if different from above) **Fax #:** _____

Mailing Address: _____ **Fiscal Year End:** _____ (Month and Day)

Street Address (Use legal address if street address is P.O. Box)

City State Zip County

TAXPAYER IDENTIFICATION NUMBER (TIN):

Note: If the information required by this section is not provided, the current IRS Backup Withholding Rate of taxable dividends, capital gains and proceeds of redemptions and exchanges will be imposed under federal tax regulations.

TIN : _____ **Form of Organization:** _____ (e.g., Political Subdivision, 501(c)(3) organization, etc.)
(Taxpayer Identification Number)

Tax Status: I have not been notified by the IRS that I am currently subject to Backup Withholding.
I am an exempt recipient.
I am neither a citizen nor a resident of the United States.

INVESTOR CERTIFICATION: (A representative of the Investor should read, complete, sign and date this section.)

- I. The undersigned represents and warrants that he/she has the full power and authority to make investments on behalf of the entity listed above. The undersigned represents that the assets being invested in the SNAP Fund are not subject to any restrictions under an indenture or other agreement that prohibits investment in the selected portfolio, and that the monies being invested are of a type authorized for this investment as described in the applicable Information Statement.
- II. The undersigned certifies that the Entity named on this application adopted or enacted the attached Resolution/Ordinance at a duly convened meeting of the governing body of the Entity on the ___ day of _____, 20___, or signed the Alternative Participation Agreement on the ___ day of _____, 20___, and that such Ordinance/Resolution or Alternative Participation Agreement is in full force and effect on the date of this application, and that such Ordinance/Resolution or Alternative Participation Agreement has not been modified, amended or rescinded since its adoption or enactment. (Please attach the Resolution/Ordinance or Alternative Participation Agreement to this document.)
- III. The establishment of an account is subject to acceptance by the Program and is subject to the conditions under and other provisions contained in the Information Statement. The undersigned certifies that the Entity has received a copy of the Information Statement and agrees that it will be bound by the terms of such document.
- IV. Any checking account opened through the Program is subject to the rules, regulations and procedures of the Depository.
- V. Under penalty of perjury, the undersigned below certifies that the tax identification number provided for this entity is true, correct and complete.
- VI. The information, authorizations, and certifications set forth in or attached to this New Investor Application shall remain in full force and effect until the Program receives written notification of change.

Authorized Signature

Date

Print or Type Name of Authorized Signatory

Title/Position

REQUIRED DOCUMENTATION: (Please include the following documents with this application.)

- W-9 (Name on W-9 must match IRS records)
- Resolution/Certification of Authorization

PROGRAM USE ONLY: (Please submit this document to your SNAP Representative for their signature below.)

SNAP Representative Signature

Date

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
Existing Connect Click Secure Contact
Users Only Select file to upload - Send message

FAX TO: SNAP Client Services Group
1-888-535-0120

MAIL TO: SNAP Client Services Group
P.O. Box 11760
Harrisburg, PA 17108-1760

PROGRAM USE ONLY	
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Confirmed	