



Wisconsin Investment Series Cooperative

MASTER ACCOUNT APPLICATION

®

If you have questions about this application, please contact PMA Financial Network, Inc. at 1-414-225-0099 or toll-free at 1-800-783-4273

1. REGISTRATION INFORMATION (please print or type)

Entity Name to appear on Fund Records & Reports: _____

Legal Entity Name as filed with the IRS (if different): _____

Master Account Subtitle: _____ Account #: _____

General Fund, Payroll, etc.

To be completed by Fund

Account Contact: _____ Title: _____

Mr. Mrs. Ms. Miss Dr. Other:

Address: _____, WI _____

E-Mail: _____ City _____ Zip _____

Telephone: _____ Ext: _____ County: _____ Fax: _____

Treasurer: _____ Telephone: (____) _____ Fax: (____) _____

Mr. Mrs. Ms. Miss Dr. Other:

Address: _____, WI _____

City _____ Zip _____

Forward Account Statements to: Account Contact Treasurer

Federal Employer Identification Number: _____ - _____ (complete enclosed IRS Form W-9)

Estimated Liquid Net Worth (based on size of general operating account fund balances):

___ Less than \$1,000,000 ___ \$1,000,001 to \$5,000,000 ___ \$5,000,001 to \$10,000,000 ___ Greater than \$10,000,000

2. AUTHORIZED PERSONNEL (names and positions must match those authorized per the Resolution to Participate in the Fund)

Only the person(s) whose position(s) appear below, and their respective successors, have been duly designated by the Entity as **authorized signatories with full power** to:

- 1) Open and close accounts
- 2) Request changes to wire redemption instructions and other account information;
- 3) Designate authorized personnel;
- 4) Effectuate the purchase and redemption of Fund shares of the Entity from time to time

Print Name Position Signature

Print Name Position Signature

Print Name Position Signature

Print Name Position Signature

3. FUND PURCHASE OPTIONS (check all that apply)

Same-Day FED Wire Purchase (District will receive account number and wiring instructions upon approval of the application)

Next-Day ACH Purchase (must attach voided check on applicable depository for account verification)

Upon direction from the entity, the Fund will initiate Automated Clearing House transactions against the attached depository transfer account, for next-day credit to the entity's Fund account. Authorization shall remain in effect until revoked in writing by the entity.

Purchases by Check (made payable to the Wisconsin Investment Series Cooperative, or your entity)

Direct Deposit of State Payments

Contact your PMA Advisor to facilitate the direct deposit of state funds into WISC.

Direct Deposit of Local Payments

Contact your PMA Advisor to facilitate the direct deposit of local funds into WISC.

4. FUND REDEMPTION OPTIONS (check all that apply)

FED Wire Redemption

Authorization is hereby given for the Fund to honor any request, believed by it to be authentic, for the redemption of Fund shares, in whole or in part, of the above named entity. Proceeds from the redemption of Fund shares shall be wire-transferred by the Fund to the following bank account of the entity. This authorization shall remain in place until modified or revoked in writing.

Bank Name: _____ City & State: _____

Routing #: _____ Account #: _____

Check writing (Please attach **Bank Signature Card** and complete all of the following information)

- a) Check Volume (approximate # of checks issued) _____ per month
- b) Check Style: 300 Manual Business Checks (allow 2-4 weeks) Computerized / Other Checks (a spec sheet will be issued)
- c) Number of signatures required on checks: _____

5. INVESTMENT OPTIONS

A) FUND ACCOUNT:

- Cash Management Series** (for Checking Accounts, Check and/or ACH Purchases, and Electronic/ACH Debits)
- Investment Series**

All investments in the Investment Series are subject to a minimum investment period of thirty (30) days. Redemptions prior to 30 days are subject to a premature redemption penalty.

B) FIXED RATE INVESTMENT PROGRAM

PMA Financial Network, Inc. & PMA Securities, Inc.

By signing below, the School District hereby confirms and authorizes PMA to open an account in the name of the School District to purchase (in compliance with the District's stated Investment Profile in Sec 6) government and municipal securities, and corporate obligations through PMA Securities, Inc., a registered broker/dealer with the Securities and Exchange Commission and is a member of the FINRA, the Securities Investors Protection Corporation (SIPC) and Municipal Securities Rulemaking Board (MSRB), to purchase certificates of deposit (insured by FDIC, private insurance, or collateralized), commercial paper, and bankers acceptance through PMA Financial Network, Inc. Such account will be opened subject to the terms and conditions of the most recent PMA Financial Network, Inc. and PMA Securities, Inc. Agreements. Agreements shall be sent to the School District as amended. The undersigned, on behalf of the district: 1) acknowledges receipt of the Agreements, 2) acknowledges that the PMA Securities, Inc. Agreement contains a predispute arbitration clause, and 3) agrees to all the terms and conditions of such Agreements.

Signature of Authorized Official Designated in Resolution

6. INVESTMENT PROFILE

A) Permitted Investments

Wisconsin State Statute

AND/OR (check all that apply):

B)

- FDIC Insured Certificates of Deposit
- Collateralized/Insured Certificates of Deposit > \$100,000
- U.S. Treasury Bills, Notes, Bonds, Strips
- U.S. Government Agency Discount Notes
- U.S. Agency Strips, Notes/Bonds
- Corporate Obligations maturing in seven years or less, with a credit rating of level one or level two by a nationally recognized rating agency
- Commercial paper
 - Rated A1/P1 by S&P and Moody's
 - Rated A2/P2 by S&P and Moody's
- Domestic Bankers Acceptances
- Repurchase Agreements or Securities Repurchased under Agreement to Resell (Underlying securities will be government agencies unless otherwise noted)
- Municipal Securities

7. CERTIFICATIONS

- A) It is hereby certified that the School District adopted the attached resolution at a duly convened meeting of the Directors of the School District held on the _____ day of _____, _____, and that such resolution is in full force and effect on the date of this application, and that such resolution has not been modified, amended or rescinded since its adoption. (**Attach Resolution**)
- B) It is hereby further certified that the School District has received a copy of the Fund's Information Statement and Declaration of Trust, and agrees to be bound by the terms of such documents.
- C) The information, authorizations, resolutions and certifications set forth in this Master Account Application shall remain in full force and effect until the Fund receives written notification of a change.

Signature of Authorized Official Designated in Resolution

Print Name

Entity Name

Date

(Affix seal)

MAIL COMPLETED APPLICATION TO:

PMA Financial Network, Inc.

Attn: Judy Moore

2135 CityGate, 7th Floor

Naperville, IL 60563

Local : 630-657-6400 ♦ Toll Free : 800-783-4273 ♦ Fax: 630-718-8701

Fund Use Only:

Principal Approval _____

Date ____/____/____

Registered Rep Signature _____

Date ____/____/____